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## **THE HUMAN SERVICES REPORTING SYSTEM**

### **WHAT**

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, the services they receive, and the funds expended. This information meets both state and federal reporting requirements. The system includes two areas of reporting: 1) client specific information, and 2) summary reporting tables.

### **HOW**

The Human Services Reporting System (HSRS) collects client specific data from county agencies either through direct entry to an on-line terminal or through computer communications from local computers to the state mainframe. Suggested forms are included in this manual, but agencies may choose to use their own forms.

### **WHO**

All county Departments of Social Services, Human Services, Community Programs (51.42), and Developmental Disabilities Services (51.437) are required to report. Clients who fit the following definition are to be reported:

- A. Persons who receive any services classified under the following clusters: 1) Work Related and Day Services; 2) Community Living Support Services; 3) Community Residential Services; 4) Investigations and Assessments; 5) Community Treatment; 6) Inpatient and Institutional Care; 7) Community Support Programs; 8) Child Day Care; 9) Supported Employment; 10) Institution for Mental Disease; 11) Supportive Home Care; and 12) Specialized Transportation and Escort.
- B. Service is provided by or purchased by a state/county contract agency (i.e., County Department of Human Services (46.23), County Department of Social Services (46.215 and 46.22), County Department of Community Programs (51.42) and County Department of Developmental Disabilities Services (51.437)).
- C. Persons for whom agencies have program responsibility (e.g., authorizing a service, quality assurance activities, monitoring a service specified in a service plan, etc.) including persons for whom no agency funds are used (for example, MH out-of-state emergency inpatient, IDP assessment, board operated IDP self-pay treatment).
- D. Persons who are significant others (e.g., family members) of a focal client (i.e., person having the condition which is the focus of the service) and also receive services.

Please note: Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

NOTES:

1. Reporting should include all juveniles whose services are paid for by Youth Aids corrections charges as well as persons in State DD centers for whom the county agency has some program responsibility.
2. Children receiving crisis/respite child day care are the recipients of the service and must be reported. Parents should be reported if receiving another service.

**WHEN - CLIENT SPECIFIC REPORTING**

MODULE	REPORTING FREQUENCY	REOPENING *
CORE	Due at least twice per year by July 31 and the last business day of February of the following year.	1 year
LONG TERM SUPPORT	Due monthly by the last business day of the following month.	1 year
FAMILY SUPPORT PROGRAM	Due annually by the last business day of February of the following year.	1 year
ALCOHOL AND OTHER DRUG ABUSE	Due quarterly by the last business day of April, July, October and February.	1 year
MENTAL HEALTH	Due quarterly by the last business day of April, July, October and February.	6 months
BIRTH TO THREE	Due quarterly by March 30, June 30, September 30, and December 30.	1 year

\* Recommended time period for reopening closed episodes.

Program data entered without optional dates will reflect activity in only one year (Origination Year). If such a program continues into the following year it must be re-entered to record that year's activity. If optional program dates (SPC Start Date and End Date) are used, the program remains open until the Program End Date is entered. In this case no re-entry of the program is necessary. It is expected that agencies reporting on-line will want to continue more frequent (daily or weekly) data entry to avoid keying backlogs and have up-to-date data available.

**WHEN - HSRS EXPENSE REPORTING DDE-942**

The following forms are to be prepared by county agencies as indicated below:

FORMS DDE-942 - Due March 25 of the following year.

## **HSRS HANDBOOK AND TERMINAL OPERATOR'S GUIDE**

The HSRS Handbook and Terminal Operator's Guide are both available on the Internet at <http://www.dhfs.Wisconsin.gov/hsrs/index.htm>.

### **SOS DESK**

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

#### **SOS DESK**

Hours: 9:00 - 11:30 AM  
12:30 - 2:30 PM

Telephone: (608) 266-9198 (You may leave voice mail at other times and someone will return your call.)

Address: HSRS SOS Desk  
1 W. Wilson Street  
P.O. Box 7851, Room 851  
Madison, Wisconsin 53707-7851

E-mail address: [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)  
FAX number: (608) 267-2437

### **WISCONSIN HELP DESK**

The WISCONSIN HELP DESK is operated for support and inquiry for any network user concerns or problems. Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The Wisconsin Help Desk should be called whenever a terminal, printer, or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the WISCONSIN HELP DESK.

#### **WISCONSIN HELP DESK**

Toll free telephone: (866) 335-2180  
E-mail address: [helpdesk@wi.gov](mailto:helpdesk@wi.gov)  
Web site: <http://www.helpdesk.wi.gov>  
Madison telephone: (608) 261-4400  
TTY (608) 246-2583

## CORE HUMAN SERVICES REPORTING SYSTEM

**CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)**      **MODULE TYPE 1**      **Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).**

Episode Key		1 Worker ID			2a Social Security Number			2b Client ID			
3a Last Name				3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)		5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaskan Native			W = White		7 Client Characteristics				

**OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)**

8a Street Address				8b City		8c State	8d ZIP Code	8e County		8f Telephone Number (      )		
9 Start Date		10 Case Review Date		11 Diagnosis		12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	

**CLIENT SERVICE - Screen 14**

Prog. No. (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date	22 SPC End Date	23 Provider Number	24 SPC Review Date (mm) (yyyy)

**Shaded areas optional.**

\*Days of care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**CORE**  
**HUMAN SERVICES REPORTING SYSTEM**  
**MULTIPLE CLIENTS**

**CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)** **MODULE TYPE 1** **Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).**

Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____ / ____ / ____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander				7 Client Characteristics				

**OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)**

8a Street Address			8b City		8c State	8d ZIP Code	8e County		8f Telephone ( )
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	

**CLIENT SERVICE - Screen 14**

Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

Shaded areas optional.

\*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)**

Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____ / ____ / ____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics				

**OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)**

8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ( )
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	

**CLIENT SERVICE - Screen 14**

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

**FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)**

Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____ / ____ / ____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics				

**OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)**

8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ( )
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	

**CLIENT SERVICE - Screen 14**

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

\*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: The primary worker assigned to the client; or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

CODES: Enter the ten digit code identifying the primary worker (or provider).

**SOCIAL SECURITY NUMBER (Field 2a)**

OPTIONAL

CODES: Enter the client's 9 digit social security number.

**CLIENT ID (Field 2b)**

REQUIRED - COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 digit number which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.



**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 3a-d)**

REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

**BIRTHDATE (Field 4)**

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.  
Example - June 3, 1980 is 06031980.

**SEX (Field 5)**

REQUIRED

CODES: F = Female  
M = Male

Field 6

**HISPANIC/LATINO (Field 6a)**

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 6b)**

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES:A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaskan Native: All persons having origins in any of the original people of North, South and Central America.

Field 7

**CLIENT CHARACTERISTICS (Field 7)**

**REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

**NOTES:** Client characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected.

**CODES:**

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above

**SPECIAL CHILDREN'S SERVICES CATEGORIES**

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

## **CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order)**

- 02     Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03     Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04     Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05     Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07     Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08     Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09     Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10     Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12     Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 14     Family member of mental health client - Includes family members and other significant persons who live in the household of a mental health client.
- 16     Family member of alcohol and other drug client - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.

**CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order)** - continued

- 17     Intoxicated driver - Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or other offenses specified in Chapter 20, Laws of 1981, or a DOT referral for an irregular driving record.
  
- 18     Alzheimer's disease/related dementia - Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, Irreversible multiinfarct disease, Parkinson's disease, Pick's disease, Progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
  
- 19     Developmental disability - brain trauma - Includes persons who have had a loss of neurological brain function due to an injury or illness.
  
- 23     Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 25     Developmental disability - autism - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 26     Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 27     Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 28     Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 29     Family member of developmental disability client - Includes family members and other significant persons who live in the household of a developmental disability client.
  
- 32     Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
  
- 33     Correction/criminal justice system client (adult only) - Includes persons who are currently involved in some phase of the correctional system including county jails, probation, parole, etc. Coding of this value is required only if known by local agency.

## **CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued**

- 36     Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 39     Gambling client - Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits.
- 43     Migrant - Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin and who reside in quarters other than the employer's home during the period of employment.
- 44     Refugee - Includes persons who have fled their native country for fear of persecution.
- 45     Cuban/Haitian entrant - Includes all Cubans who arrived in the U.S. between April 2, 1980 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50     Regular caregiver of dependent person(s) - Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55     Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57     Abused/neglected elder - Includes persons who are elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s.46.90.
- 59     Unmarried parent - Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61     CHIPS - abuse and neglect - Includes children who are, or are alleged to be, abused and neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.
- 62     CHIPS - abuse - Includes children who are, or are alleged to be, abused. See description of abuse under CHIPS - Abuse and Neglect, code 61.
- 63     CHIPS - neglect - Includes children who are, or are alleged to be, neglected. See description of neglect under CHIPS - Abuse and Neglect, code 61.
- 64     Family member of abused/neglected child - Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under CHIPS - Abuse and Neglect, code 61.

**CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued**

- 66     Delinquent - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.
- 68     CHIPS - other - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.
- 69     JIPS - status offender - Includes children who are alleged to be, or have been found to be status offenders.
- 70     Family member of CHIPS - status offender - Includes family members and other significant persons who live in the household of children who are alleged to be, or are status offenders. See descriptions under JIPS, code 69.
- 71     Victim of domestic abuse - Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 73     Family member of delinquent - Includes family members and other significant persons who live in the household of children who are alleged to be or are delinquent. See description under Delinquent, code 66.
- 74     Family member of CHIPS - other - Includes family members and other significant persons who live in the household of children who are alleged to be, or are CHIPS - Other. See description under CHIPS - Other, code 68.
- 79     Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86     Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 99     None of the above - Includes persons who do not fall into any other category listed above.

**STREET ADDRESS, CITY, STATE, ZIP, COUNTY, TELEPHONE NUMBER (Field 8 a-d)**

**OPTIONAL**

**CODES:**                      Address lines 1 and 2 are limited to 55 characters each. City is limited to 52 characters. Zip Code is limited to 9 characters.

**COUNTY OF RESIDENCE CODES (Field 8e)**

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		301	Residency Disputed
		302	State-At-Large
		303	Out-of-State



**START DATE (Field 9)**

OPTIONAL

DEFINITION: The date when a client began contact with the agency or the case was opened for this period of service (episode).

CODES: Enter an 8 digit number in the format of month/day/full year.

**CASE REVIEW DATE (Field 10)**

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

**DIAGNOSIS (Field 11)**

## OPTIONAL

**DEFINITION:** The current diagnosis of the client's condition.

**CODES:** The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board Clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<u>CODE</u>	<u>NAME</u>
	<u>Mental Illness</u>
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic psychoses
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
301	Personality disorders
302	Sexual deviations and disorders
306	Physiological malfunctions arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders following organic brain damage
311	Depressive disorders, not elsewhere classified
312.0	Unsocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere specified
313	Disturbance of emotions specific to childhood and adolescent
314	Hyperkinetic syndrome of childhood
316	Psychic factors associated with diseases classified elsewhere

**DIAGNOSIS (Field 11)** - continued

<u>CODE</u>	<u>NAME</u>
<u>Developmental Disabilities</u>	
299	Psychoses with origin specific to childhood
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy
<u>Alcoholism/Alcohol Abuse</u>	
291	Alcoholic psychoses
303	Alcohol dependent syndrome
305.0	Alcohol abuse
<u>Other Drug Abuse</u>	
292	Drug psychoses
304	Drug dependence
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid type abuse
305.6	Cocaine abuse
305.7	Amphetamine acting abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
<u>Physical Limitations</u>	
359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742	Other congenital anomalies of nervous system
742.3	Congenital hydrocephalus
784	Symptom involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

**DIAGNOSIS (Field 11)** - continued

<u>CODE</u>	<u>NAME</u>
<u>Other Disorder</u>	
316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition
<u>Presenting Problem</u>	
V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victims of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstance or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Childhood or adolescent antisocial behavior
<u>Administrative Categories</u>	
799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V70.7	Examination for normal comparison or control in clinical research

**CLOSING DATE (Field 12)**

OPTIONAL

DEFINITION: The date when the agency discontinued all activity in the case.

CODES: Enter the 8 digit date in the format month/day/full year.

**CASE CLOSING REASON (Field 13)**

OPTIONAL

DEFINITION: Reason that best describes why the client's case is being closed.

CODES:

01	Assessment complete/decision not to serve
02	Successful completion
03	Client referred
04	Client no longer wants service
05	Client relocated
06	Death of a client
07	Objectives not attained
08	Noncompliance with the program
09	Service not available
10	Court dismissal
11	Client no longer income eligible
12	Court order expired/client not income eligible
98	Other reason
99	Closed by system (no SPC activity for one year)

**FAMILY ID (Field 14)**

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B. Existing Family ID's which have an X as the second to last character were produced by the system when secondary clients were converted and reflect the former CSIS Primary/Secondary client relationship.

**LOCAL DATA (Field 15)**

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

**STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16)****REQUIRED**

**DEFINITION:** The program category/cluster provided to the client.

**CODES:** SPCs may be reported by SPC Cluster group number, or by individual SPC number. Cluster is sufficient to meet state reporting requirements.

- 100    Child Day Care - crisis/respice
  - 101    Child Day Care - crisis/respice
- 104    Supportive Home Care
- 107    Specialized Transportation and Escort
- 300    Community Living/Support Services
  - 102    Adult day care
  - 103    Respite care
  - 106    Housing/energy assistance
  - 110    Daily living skills training
  - (111    Family support)
  - 112    Interpreter services and adaptive equipment
  - (113    Consumer education and training - LTS only)
  - 401    Congregate meals
  - 402    Home delivered meals
  - 404    Family planning
  - 406    Protective payment/guardianship
  - 604    Case management
  - (609    Consumer directed supports - LTS only)
  - (610    Housing counseling - LTS only)
  - (619    Financial management services - LTS only)
- 400    Investigations and Assessments
  - 301    Court intake and studies
  - 603    Intake assessment
- 500    Community Support
  - 509    Community support
  - (510    Comprehensive Community Services – MH and AODA only)
- 600    Work Related Services
  - 108    Work related services
  - (114    Vocational futures planning - LTS only)
  - 706    Day center services - nonmedical

**STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16) - continued**

- 615    Supported Employment
- 700    Community Residential Services
  - 201    Adoptions (staff hours are optional)
  - 202    Adult family home
  - 203    Foster home
  - 204    Group home
  - 205    Shelter care
  - 506    Community based residential facility
  - 705    Detoxification - social setting
  - (711    Residential care apartment complex - LTS only)
- 800    Community Treatment Services
  - 303    Juvenile probation and supervision services
  - 304    Juvenile reintegration and aftercare services
  - 305    Restitution
  - 501    Crisis intervention
  - 507    Counseling/therapeutic resources
  - (512    Intensive in-home autism services - LTS only)
  - 704    Day treatment - medical
  - (710    Skilled nursing - LTS only)
- 900    Inpatient and Institutional Care
  - 306    Juvenile correctional institution services
  - 703    Detoxification - hospital setting
  - 503    Inpatient
  - 504    Residential care center
  - 505    DD centers/nursing home
- 925    Institution for Mental Disease

**NOTES:**

Client specific reporting is not required on the following cluster. However, it may be used to do so on an optional basis.

- 200    Community Prevention, Access and Outreach
  - 403    Recreational/alternative activities
  - 408    Community prevention, organization and awareness
  - 601    Outreach
  - 602    Information and referral
  - 605    Advocacy and defense resources
  - 606    Health screening and accessibility

Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.



## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **100     CHILD DAY CARE - CRISIS/RESPIRE**

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

### **104     SUPPORTIVE HOME CARE**

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and /or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, friendly visiting, and home health care. Includes payments to maintain an individual in the independent living arrangement. Counseling/Psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purposes of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

### **107     SPECIALIZED TRANSPORTATION AND ESCORT**

The provision of transportation and transportation-related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

### **200     COMMUNITY PREVENTION, ACCESS AND OUTREACH (client reporting is optional)**

The provision of services to populations at risk in the community. Activities include: seeking out persons likely to have a problem which can potentially be alleviated by the delivery of human services; handling individual inquiries for help; providing accessibility to community health programs; providing advocacy and defense resources to ensure rights to fair and just treatment; providing social/recreational integration activities; providing prevention activities to enhance the physical health and improve social and community functioning by making constructive changes in community conditions; providing public information and referral services to satisfy inquiries and to identify specific resources in the human service delivery system.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **300     COMMUNITY LIVING/SUPPORT SERVICES**

Services providing support to clients in order to maintain a natural living arrangement or aid in the adaptation to physical, or communicative barriers. Skill development, adult day care, meal programs, respite care, interpreter services, adaptive equipment, housing and energy assistance, basic sustenance, monetary resources and the administration and coordination of services are all present in this program cluster.

### **400     INVESTIGATIONS AND ASSESSMENTS**

The provision of service to clients that include: screening, assessment, diagnosis, case planning or determining the existence, or nature of a specific problem. Services include, child abuse and neglect investigation, reports to the court required under Chapters 48, 51, and 55 Wisconsin Statutes, assessments (IDP, COP, CAN) and those activities related to procedures established by juvenile court guidelines.

### **500     COMMUNITY SUPPORT**

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients. These services may occur in natural or supportive service settings delivered by an identified provider and staff to ensure ongoing therapeutic involvement, reduce the disabling effects of mental illness or alcoholism, and assist clients to access and participate in the community.

### **600     WORK RELATED AND DAY SERVICES**

Services delivered for the purpose of promoting vocational participation and self-sufficiency. Services may be delivered either in community settings including job placement sites or in rehabilitation facilities (e.g., sheltered work) and may include vocational counseling, or activities which promote participation in work or job placement services. Includes provision of day center services to persons with social, behavioral, mental, developmental, physical or alcohol and drug abuse disorders to develop skills necessary to participate in community life.

### **615     SUPPORTED EMPLOYMENT**

Supported Employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported Employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with serious and persistent mental illness. Excludes welfare employment programs.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **700    COMMUNITY RESIDENTIAL SERVICES**

The provision of services to clients in licensed foster homes, group homes, shelter care and community-based residential facilities including social detox, as well as to clients in certified adult family homes. Also includes adoption services. Includes any recruitment activity for substitute care placements. Adoption services reported here include: activities to recruit, screen and monitor adoptive family applicants; preparation, placement and supervision of children placed in adoptive family settings; and agency activities undertaken to legally free a child for an agency, independent, relative, stepparent or foreign adoption.

### **800    COMMUNITY TREATMENT SERVICES**

The provision of treatment services in outpatient, and day service-medical settings, as well as supervision of juvenile justice clients in the community. These include:

1.     Services to developmental disability and physical disability clients which are primarily health or treatment oriented for the purpose of ameliorating health problems. This includes occupational and physical therapy, speech and language therapies.
2.     Services delivered by mental health outpatient and day treatment programs for the treatment of mental illness. Treatment services are for the purpose of ameliorating the effects of various mental disorders and to improve personal, social and family functioning.
3.     The provision of services to youth in the juvenile justice system under formal or informal supervision, or in restitution programs. Services are designed to monitor behavior, prevent continued delinquent activity, strengthen family ties, assist in successful involvement in the community, and fulfill any obligations ordered by the court or other juvenile justice agency.
4.     Services delivered by alcohol and other drug abuse outpatient and day treatment programs for the treatment of AODA. Treatment services are designed to improve personal, social, vocational and family functioning and prevent further deterioration of physical health. Includes outpatient services delivered under emergency conditions and methadone maintenance programs. Excludes outpatient assessments.

## **STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued**

### **900     INPATIENT AND INSTITUTIONAL CARE**

Services delivered in institutional settings such as state mental health institutes, centers for developmental disabilities, hospitals, CBRFs certified as inpatient treatment programs, nursing homes with a certified AODA extended care component, residential care centers, and juvenile correctional institutions.

Services to mentally ill clients in either general hospitals or specialty hospitals for the treatment of nervous or mental disorders or in residential care centers. Inpatient treatment is for the purpose of providing treatment of mental disorders and eventually restoring health, personal and social functioning. Includes admissions for emergencies and evaluations.

Services delivered in four types of institutional settings; hospitals, CBRFs certified as inpatient treatment programs, RCCs and an AODA treatment component and nursing homes with a certified AODA extended care component. The objective of these programs is the treatment of persons with severe AODA dependency designed to improve health and personal, social, vocational and family functioning. Includes admissions for emergencies and evaluations. In the case of extended care, the objective is to assure the protection and safety of persons who exhibit the characteristics listed in the definition of chronic alcohol and other drug abusers allowing clients to stabilize in a safe, healthy, low stress environment which can also address their medical needs.

The objectives of these services are stabilization and/or amelioration of behavioral disorders and active treatment and rehabilitation for enabling return to the community in the shortest possible time. Included are the mandatory benefits of food and housing as well as custodial care, supervision, education and training, and counseling services.

### **925     INSTITUTION FOR MENTAL DISEASE**

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

**TARGET GROUP (Field 17)**

**REQUIRED**

**DEFINITION:** Indicate the need and/or problem that best explains the primary reason the client is receiving services in a particular Standard Program Cluster/Category. Target Group describes why this service is being delivered to the client, and thus may vary by service.

**CODES:**

01	Developmental disability
72	Family member/significant other of DD client
31	Mental health (DSS use only)
75	Family member/significant other of mental health client
18	Alcohol and other drug abuse (DSS use only)
74	Family member/significant other of AODA client
57	Physical or sensory disability
76	Family member/significant other of P/SD client
06	Delinquent and status offender
73	Family member/significant other of delinquent/status offender client
58	Adults and elderly
77	Family member/significant other of adult and elderly client
61	Abused and neglected children
78	Family member/significant other of child abuse and neglect client
	Note: Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.
64	Children and family

## **TARGET GROUP (Field 17) - continued**

### **TARGET GROUP CODE DEFINITIONS**

- 01     Developmental Disability  
72     Family Member/Significant Other of DD Client

Persons who are served in programs directed at the assessment and supports that permit community participation of a person with a developmental disability (and its effects) including disabilities attributable to cerebral palsy, epilepsy, autism, mental retardation, or another neurological condition closely related to mental retardation, or requiring treatment similar to that required for mental retardation, which has continued, or can be expected to continue, indefinitely and constitutes a substantial handicap. Includes persons with a disability attributable to brain injury if the individual is receiving services under a CIP waiver. Includes Adult Protective Services for persons with a developmental disability.

Includes children in foster or other substitute care who have a developmental disability. Persons whose primary reason for services or supports involve a physical or sensory disability not attributable to one or more of the conditions cited above are excluded from this target group, but may be included in the target group for physical and sensory disability if the services provided are focused on their disability or conditions resulting directly from their disability.

- 31     Mental Health  
75     Family Member/Significant Other of Mental Health Client

Persons with a mental illness who are served in programs directed at the intake and assessment; case management and supportive services; crisis and emergency detentions; prevention and early intervention; outpatient counseling and therapy (group, family, and individual); day treatment; Community Support Program (CSP); Comprehensive Community Services (CCS); medication; adult protective services; inpatient, residential, nursing home IMD, group home, and related settings for mental illness. Includes services for children in foster or other substitute care who have a mental illness.

- 18     Alcohol and/or Other Drug Abuse  
74     Family Member/Significant Other of AODA Client

Persons who are served in programs directed at reducing the personal and social effects of Alcohol and Other Drug Abuse (AODA) through prevention, intervention, assessment, and treatment as indicated in HFS 75, including the Intoxicated Driver Program. Includes Adult Protective Services for persons who are served in an AODA program. Includes costs for children in foster or other substitute care who have a chemical dependency or other alcohol or other drug abuse problem.

## **TARGET GROUP (Field 17) - continued**

### **TARGET GROUP CODE DEFINITIONS - continued**

57     Physical or Sensory Disability

76     Family Member/Significant Other of P/SD Client

Persons under the age of 60, who are served in programs directed at the prevention, assessment, and/or treatment of a physical or sensory disability (and its effects) resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Sensory disabilities include significant or complete impairment of vision or hearing. Includes, but is not limited to, persons whose disability is due to AIDS, cancer, spinal cord injury, polio, muscular dystrophy, multiple sclerosis, Parkinson's and Alzheimer's and other related dementia for persons under age 60. Includes Adult Protective Services for persons with a physical or sensory disability.

Includes disabled children in foster or other substitute care who have a physical or sensory disability. Includes persons with a disability attributable to brain injury if the individual is receiving services under the COP-W.

06     Delinquent and Status Offender

73     Family Member/Significant Other of Delinquent/Status Offender

Persons who are served in programs directed at the prevention or treatment of delinquency and/or the assessment or supervision of juveniles referred to court intake due to allegation or adjudication of delinquency, or who are alleged or adjudged to be in need of protection or services (JIPS) due to any of the following non-criminal behaviors: parental or guardian petition due to the inability to control the juvenile; habitual truancy from school; school dropout; habitual truancy from home; commission of a delinquent act by a juvenile under 10 years of age. Excludes AODA or mental health assessments or treatment by providers meeting standards in administrative rules for such services. For such purposes serving the delinquent or status offender are included under the AODA or Mental Health target group respectively. Staff providing juvenile justice services are included here even if the children are included in other Target Groups (DD, MH, PD, AODA).

58     Adults and Elderly

77     Family Member/Significant Other of Adults and Elderly Client

Persons age 60 and over who are served in programs directed at prevention, assessment or services to improve physical or social functioning or to assist with activities of daily living; to preserve or restore the ability to live in a home like environment, or the ability to participate in community activities. Includes specialized transportation for persons over age 60 and all Older Americans Act services. Includes persons age 60 and over served because of Alzheimer's and other related dementia. Includes frail elderly and others age 60 and over who are being served for reasons other than alcohol and other drug abuse, developmental disabilities, or mental illness. **FOR THE LONG TERM SUPPORT MODULE, the federal definition is age 65 and over.**

## **TARGET GROUP (Field 17) - continued**

### **TARGET GROUP CODE DEFINITIONS - continued**

- 61 Abused and Neglected Children  
78 Family Member/Significant Other of CAN Client

Persons who are served in programs directed at the prevention, investigation, or treatment of child abuse and neglect. Abuse includes physical, sexual and/or emotional damage. Includes services for child abuse report intake, child abuse investigations/initial assessments, safety assessments and plans, family preservation services, ongoing child protective services to families, out of home placement for children, family reunification, public adoptions, independent living services for youth, and reports to the court. Parents, abusers, children, and collaterals (including reporters) may all be members of this target group if they otherwise meet the target group criteria. Persons receiving mental health, alcohol or drug abuse, development disability or juvenile justice services are members of other target groups depending upon the specific rule involved, although child abuse and neglect services should be reported under this target population. Includes provision of public information on the subject of child abuse and child neglect.

Note: Child abuse and neglect services do not have to be reported on Core, because these services are reported on WiSACWIS.

- 64 Children and Family

Persons who are served in programs directed at the prevention of family breakup, youth development, and improved family functioning. Includes prevention of abuse and neglect, family support, unwed parents, homemaker services to improve home and financial management, home visiting services, family resource centers, crisis/respite child care, domestic violence services and youth development services. Excludes: 1) children with physical disabilities classified under Physical and Sensory Disabilities; 2) status offenders classified under Delinquent/Status offender target group; 3) persons receiving child abuse and neglect services under the Abused and Neglected children target group; 4) persons receiving AODA or Mental Health assessments or treatment by providers meeting standards in Administrative Rules for such services. For such purposes, the child or family member is classified under the AODA or Mental Health target group respectively.



**DAYS OF CARE (Field 18)**

REQUIRED

DEFINITION: The number of days of care provided in the following SPC Clusters:

-700 Community Residential Services

-900 Inpatient and Institutional Care

-925 Institution for Mental Disease

NOTES: A worker whose only role is that of making and supporting a community residential, inpatient, or institutional placement may use these SPC clusters. Zeroes will default in Field 18 reflecting no contribution by the agency to the actual cost of treatment.

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

**OTHER UNITS (Field 19)**

OPTIONAL

DEFINITION: The number of program activity units the client has received other than days of care which are reported elsewhere. The type of units reported is at each agency's discretion and will have only local meaning.

CODES: The appropriate number of units. This is a five digit field with a maximum of two decimal places.

**DELIVERY MONTH/YEAR (Field 20)**

OPTIONAL

DEFINITION: The month and year during which units of an SPC were delivered. If SPC Start and End Dates are not used, it is the year of delivery of this SPC.

CODES: Enter a 6 digit number in the format month/full year.

**SPC START DATE (Field 21)**

OPTIONAL

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter the 8 digit number in the format month/day/full year.

**SPC END DATE (Field 22)**

OPTIONAL

DEFINITION: The date on which service in this SPC ended.

CODES: Enter the 8 digit number in the format month/day/full year.

NOTE: If SPC Start Date and End Date are not entered, the SPCs must be reentered each year. If the entry is made after the year is past then delivery Month/Year must be coded to record the SPCs for the prior year.

**PROVIDER NUMBER (Field 23)**

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by calling the SOS Desk.

**SPC REVIEW DATE (Field 24)**

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

## **FAMILY SUPPORT PROGRAM MODULE**

### **GENERAL INFORMATION**

The Family Support Program assists families who have a child with severe disabilities living at home. The program provides a staff person in each service area to work with families helping them gain access to services and resources they need. In addition, limited funding of up to \$3,000 annually based on an individual family service plan may be available to eligible families to purchase those things that are needed that cannot be purchased through other sources. Family Support funds may be used for a wide range of services and goods based on the unique needs of each family. Parents play a major role in determining what is needed and purchased with FSP funds. The program is designed to meet the needs of the whole family, not just the children with a disability.

Reporting for the Family Support Program is required by s.46.985(3)(f), Wis. Stats. and HSS 65.05(9) Administrative Rules. Data from the reports provides information about the children and families served including the level of need of each child and information about risk factors in the family. In addition, the reporting tracks the use of Family Support dollars and shows other programs that families are using.

Data retrieved from these reports are used in preparation of the annual report for the Family Support Program required by s.46.985(2)(e), to be submitted to the governor and each house of the legislature. In addition, information from the FSP module is used for the purposes of planning for this and other programs serving children with disabilities at both the state and local levels. These data are used in development of county and state budget proposals and are made available upon request to other units of state and county government, community programs, and advocacy groups.

### **REPORTING FREQUENCY**

Data from the FSP module must be entered at least once annually at the close of books after each calendar year. There is no requirement for monthly or semiannual updates, although the option to use the system on a monthly basis is available to counties.

The module provides the option for local agencies to monitor actual expenditures for each family on a monthly basis. An agency could use the system in this way to keep track of individual family and overall program service plans and to plan for expenditure of any unspent funds in the last quarter of the fiscal year.

Case Managers may begin to gather information at the time of the initial assessment and development of the service plan and/or at the six month review date. Basic information regarding the child and family remains on the system from year to year unless changes occur that require the information to be updated. Information that is required to be entered annually at the end of each year are the questions in Fields 28, 29, and 37.

### **Family Support Module Key**

The FSP module key is computer generated and identifies the case (child) and all the information associated with it. As the child is entered for the first time on the Family Support module, the module key will be created and displayed on the screen. This screen may be printed to be used as an updateable document. The module key should be used to enter any changed information on the module. Its primary advantage is that it has fewer characters to enter than the child's name, birthdate, and sex or the Client ID.

## Child and Family Information

## Screen 59 New or 84 Update

## MODULE TYPE 5

<b>1 Worker ID</b>			<b>2 Client ID</b>			<b>3 MA Number / Social Security Number</b>		
<b>4a Last Name</b>				<b>4b First Name</b>		<b>4c Middle Name</b>		<b>4d Suffix</b>
<b>5 Birthdate (mm/dd/yyyy)</b>		<b>6 Sex</b> F M	<b>7a Hispanic / Latino</b> Y = Yes N = No		<b>7b Race (Circle up to 5)</b> A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White			
<b>(Module Key: )</b>								
<b>8 Start Date</b>		<b>9 End Date</b>		<b>10 Closing Reason</b>		<b>11 Alternate Care Type (Required if closing reason is 44)</b> 1 Foster care 2 Group home 3 Residential care center 4 Center developmentally disabled 5 Mental health institute 6 Nursing home		
<b>12 Client Characteristics</b>			<b>13 Diagnosis</b>					
<b>14 Assistance Needed for Personal Care</b> 1 Child unable to help him / herself 2 Child needs assistance with some activities 3 Child does not need assistance					<b>15 Limitations in Mobility</b> 1 Child cannot walk 2 Child needs assistance in walking 3 Child does not need assistance in walking			
<b>16 Limitations in Verbal Skills</b> 1 Child is nonverbal 2 Child has very limited verbal skills 3 Child is fully verbal					<b>17 Limitations in Cognitive Abilities</b> 1 Child has severe developmental delays 2 Child has moderate / mild developmental delays 3 Child has no cognitive delays			
<b>18 Emotional / Behavioral Issues</b> 1 Child presents significant behavioral challenges 2 Child presents minor behavioral challenges 3 Child has no behavioral challenges					<b>19 Medical Needs</b> 1 Apnea monitor 2 Gastrostomy / tube feed 3 Tracheotomy 4 Oxygen dependent 5 Heart monitor 6 Acute psychiatric episode 7 Ongoing medications 8 Degenerative disorder 9 Surgery this year 10 Hospitalization this year			
<b>20 Family ID</b>		<b>21 Number of Caregivers</b>		<b>22 Adopted Child</b> Yes No		<b>23 Parent's Special Needs</b> 1 Developmentally disabled 2 AODA 3 Mentally ill 4 Physically disabled 5 Medical condition		
<b>24 Income Range</b> 1 0 - 10,000 2 10,001 - 15,000 3 15,001 - 20,000 4 20,001 - 30,000 5 30,001 - 40,000 6 40,001 +							<b>25 Family Cost Share</b>	

## Screen 79

[illegible]

## EXPENDITURES FOR FAMILY SUPPORT SERVICES

<b>Screen 93 (Module Key: _____ )</b>								<b>30</b> Next Review Date 	
<b>31</b> Other Programs Used 2 BCPN      4 SSI-E      6 Birth to 3 3 SSI      5 Katie Beckett			<b>32</b> Voluntary Resources 1 _____ 2 _____					<b>33</b> Target Group*  * Refer to deskcard	
Prog. No.	34 Subprogram	35 Estimated Annual Costs	36 Cost Code A - Add S - Subtract R - Replace	37 Actual Costs	38 Delivery (mm) (yyyy)	39 Service Start Date	40 Service End Date	41 Provider Number	
	A Architectural modification of home								
	B Child care								
	C Counseling / therapeutic resources								
	D Dental and medical care not otherwise covered								
	E Diagnosis and evaluation - specialized								
	F Diet, nutrition and clothing - specialized								
	G Equipment / supplies - specialized								
	H Homemaker services								
	I In-home nursing services - attendant care								
	J Home training / parent courses								
	K Recreation / alternative activities								
	L Respite care								
	M Transportation								
	N Utility costs - specialized								
	O Vehicle modification								
	P Other, as approved by DHFS								
<b>42</b> Subprogram P, text:									

\* Refer to deskcard

**WORKER ID (Field 1)**

OPTIONAL

- DEFINITION:** The worker collecting the Family Support Program data on the client.
- CODES:** Enter the ten digit code identifying the person collecting the data on the client.
- NOTES:** Must be 10 numbers. Must be a valid number from the HSRS worker file, or provider file.
- This field is used for the sorting and distribution of output reports.

**CLIENT ID (Field 2)**

REQUIRED, COMPUTER GENERATED

- DEFINITION:** A unique computer generated identifier for each individual reported on HSRS. Three elements: full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.
- CODES:** Leave blank if name is reported.
- OR
- Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.
- The ID will be generated and returned to you on the terminal screen. Copy ID down or print out the screen. Once the ID number is generated, use it on all future input.

**MA OR SOCIAL SECURITY NUMBER (Field 3)**

REQUIRED, IF APPLICABLE; SOCIAL SECURITY NUMBER IS OPTIONAL.

- DEFINITION:** The Medical Assistance identification number or Social Security number which has been assigned to this client.
- CODES:** Enter the client's 10 digit Medical Assistance number or the 9 digit Social Security number.
- NOTES:** If the child is eligible for Medical Assistance, enter the MA number.
- Enter the Social Security number only when the MA number is not available.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a, 4b, 4c, 4d)**

REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the child. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the child. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes or spaces between letters, or any other punctuation marks are accepted.

**BIRTHDATE (Field 5)**

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.

Example - June 3, 1980 is 06032004.

NOTES: Clients over age 24 are not allowed in the program.

**SEX (Field 6)**

REQUIRED

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 7b)**

REQUIRED

**DEFINITION:** The race of the client as determined by the client. Code as many as apply up to all five.

**CODES:**

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

**START DATE (Field 8)**

REQUIRED

**DEFINITION:** The date when the Family Support case was opened.

**CODES:** Enter an 8 digit number in the format of month/day/full year.  
Example: October 3, 1989 is 10031989.

**NOTES:** The date the agency chooses to enter may be the date of the initial needs assessment, the date the family signs the service plan agreement or the date that services actually begin. The service manager has the option to choose whichever date is useful for records.



**END DATE (Field 9)**

REQUIRED

DEFINITION: The date the Family Support case is closed.

CODES: Enter the 8 digits representing the month/day/full year the case was closed.

NOTES: Must be 8 digits; must be earlier than or equal to the current date.

**CLOSING REASON (Field 10)**

REQUIRED

DEFINITION: The reason the case is being closed.

CODES: Enter the code that best describes why the client will no longer receive FSP funded services.

- 06 Death of a child
- 36 Insufficient funds to provide needed services
- 37 Child at home but family doesn't need services
- 38 Family no longer wants service
- 40 Temporary interruption in Family Support service
- 42 Family referred to other program(s)
- 43 Family relocated
- 44 Child placed in alternate care
- 45 Child no longer meets eligibility
- 46 Child transitions to adult living arrangement

NOTES: Must be one of the above codes. Initial entries (new) cannot be zeros (00). Zeros (00) can only be used to update previously entered codes for the purpose of reopening the case.

**ALTERNATE CARE TYPE (Field 11)**

REQUIRED, WHEN CODE 44 IN FIELD 10 IS ENTERED.

DEFINITION: The type of alternate care in which the child is placed at termination of FSP services.

CODES:

- 1 = Foster care
- 2 = Group home
- 3 = Residential care center
- 4 = Center for developmentally disabled
- 5 = Mental health institute
- 6 = Nursing home

NOTES: If code 44 is used in Field 10, type of alternate care must be entered.

**CLIENT CHARACTERISTICS (Field 12)**

**REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

**CODES:** Enter up to three codes from the list below that best describe the child.

- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 85 Severe health impairments
- 86 Severe emotional disturbance
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect

**NOTES:** At least one code must be entered in the first space. The code representing the client's primary need should be put in the first position. The code definition for 85 follows. The remaining code definitions can be found in the HSRS CORE Client Characteristics section of this handbook.

**CLIENT CHARACTERISTICS CODE DEFINITIONS**

- 85 Severe health impairments - Includes disorders of growth, eating, digestion, skeletal, muscular, cardiovascular, respiratory, biochemical, and others which result or are likely to result in severe delays in one or more areas of the child's development.

**DIAGNOSIS (Field 13)**

OPTIONAL

DEFINITION: The disability of the child as described by the physician.

CODES: Enter in narrative form the physician's description of the child's disability(ies).  
Enter up to 30 characters.

**ASSISTANCE FOR PERSONAL CARE (Field 14)**

REQUIRED

DEFINITION: The level of assistance required by the child to perform self-care skills such as bathing, feeding, toileting. Ability to perform tasks related to self-care should be considered in relation to what is normally considered appropriate to the child's age.

CODES: Enter one code from the list below which best describes the level of care needed by the child.

- 1 Child unable to help him/herself
- 2 Child needs assistance with some activities
- 3 Does not need assistance

**LIMITATIONS IN MOBILITY (Field 15)**

DEFINITION: The level of assistance required by the child to perform gross motor activities which are considered appropriate to the child's age. For a child above 2 years old, gross motor activities can be measured by the ability to walk.

CODES: Enter one code from the list below which best describes the level of care needed by the child in performing gross motor activities.

- 1 Child cannot walk
- 2 Child needs assistance in walking
- 3 Does not need assistance in walking

NOTES: The use of the lay person's description of walking for gross motor activities is maintained in the codes as a shorthand for describing problems that occur when children are unable or delayed in physical development. For infants and toddlers, such physical delays or problems should also be coded in this shorthand. For example, if a child under 2 is able to perform gross motor skills appropriate to the child's age and the expectation is that the child will be able to walk by about age 2, enter code 3 (does not need assistance in walking).

**LIMITATIONS IN VERBAL SKILLS (Field 16)**

REQUIRED

DEFINITION: The ability to communicate vocally at a level appropriate to the child's age.

CODES: Enter one code from the list below which best describes the level of verbal ability of the child.

- 1 Child is nonverbal
- 2 Child has very limited verbal skills
- 3 Child is fully verbal

NOTES: If a child is under 2 years old and uses age appropriate sounds to communicate (such as crying or cooing), enter code number 3 - child is fully verbal, meaning that communication is appropriate to the child's age level.

**LIMITATIONS IN COGNITIVE ABILITIES (Field 17)**

REQUIRED

DEFINITION: The ability to function intellectually concurrent with adaptive behavior. A generalized understanding of cognitive abilities is based on major considerations for determination of mental retardation used by the public schools.

CODES: Enter one code from the list below which best describes the level of cognitive ability of the child.

- 1 Child has severe developmental delays
- 2 Child has moderate/mild developmental delays
- 3 No cognitive delays

NOTES: For children under the age of 3, cognitive delays may be measured by developmental milestones appropriate to the age of the child.

**EMOTIONAL/BEHAVIORAL ISSUES (Field 18)**

REQUIRED

DEFINITION: Emotional, social, and behavioral functioning that significantly interferes with the child's development including learning and developing skills in social interactions and interpersonal relationships.

CODES: Enter one code from the list below which best describes the emotional/behavioral condition of the child.

- 1 Child presents significant behavioral challenges
- 2 Child presents minor behavioral challenges
- 3 No behavioral challenges

**MEDICAL NEEDS (Field 19)**

REQUIRED, WHEN APPLICABLE

DEFINITION: The child has a condition which requires medical interventions including the ongoing use of technological supports and/or medications.

CODES: Enter up to 6 applicable codes from the list below which describe the medical interventions used to assist the child.

- 1 Apnea monitor
- 2 Gastrostomy/tube feed
- 3 Tracheotomy
- 4 Oxygen dependent
- 5 Heart monitor
- 6 Acute psychiatric episode
- 7 Ongoing medication
- 8 Degenerative disorder
- 9 Surgery this year
- 10 Hospitalization this year

**FAMILY ID (Field 20)**

REQUIRED, WHEN THERE IS MORE THAN ONE CHILD WITH DISABILITIES IN THE FAMILY.

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

NOTES: If there is more than one case manager in the agency, the Family Support Program coordinator or the case management supervisor should assign the numbers to all families who have more than one disabled child to avoid duplication of numbers for different families.

**NUMBER OF CAREGIVERS (Field 21)**

REQUIRED

DEFINITION: The number of people in the household who are responsible for caring for the child with disabilities.

CODES: Enter either 1 or 2.

NOTES: Usually those people considered responsible for the child are the parents. If only one parent is in the home and available for the care of the child overall, then enter 1. If there are two parents or surrogate parents, enter 2.

**ADOPTED CHILD (Field 22)**

REQUIRED

DEFINITION: The child has been adopted or will be adopted in the next 6 months by the family with whom the child is living.

CODES: Y = Yes  
N = No

NOTES: If the child is with natural parents code No.

**PARENTS' SPECIAL NEEDS (Field 23)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: Conditions of the parent or parents which make the care of a child with disabilities difficult or more complicated.

CODES: Enter up to 3 applicable codes from the list below which describe the condition of one or both parents.

- 1 Developmentally disabled
- 2 Alcohol and other drug abuse
- 3 Mentally disabled
- 4 Physically disabled
- 5 Medical condition

NOTES: One or more codes may be entered regardless of whether or not the parent is receiving services as a result of their special needs.

**INCOME RANGE (Field 24)**

REQUIRED

DEFINITION: The annual income of the parent(s) responsible for the care of the child. Assets are not included.

CODES: Enter the range of income in which the family falls on the list below.

- 1 \$ 0 - 10,000
- 2 \$10,001 - 15,000
- 3 \$15,001 - 20,000
- 4 \$20,001 - 30,000
- 5 \$30,001 - 40,000
- 6 \$40,001 +

NOTES: The income of the family will be recorded on line 14 of the Ability to Pay - Worksheet 1, when this cost sharing form, DDE-939, is completed for the family.

**FAMILY COST SHARE (Field 25)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: The family's annual share of the cost of Family Support services.

CODES: Enter up to 5 digits representing the whole dollar amount that is the family's annual share of the cost of Family Support services.

NOTES: The family's cost share will be recorded either on line 22 or line 26 of the Ability to Pay - Worksheet 1, DDE-939. The system defaults to zero.

**HAS CHILD RETURNED FROM ALTERNATE CARE? (Field 26)**

REQUIRED, AT THE TIME OF REGISTRATION

DEFINITION: The alternate care placement history of the child this last year or sometime in the past. The child has returned from an out of home placement in a foster home, group home, or residential care center or from a state center for the developmentally disabled, a mental health institute, or nursing home.

CODES: Y = Yes  
N = No

If Yes is entered, enter one code from the list below which describes the type of alternate care from which the child has returned.

- 1 Foster care
- 2 Group home
- 3 Residential care center
- 4 Center for developmentally disabled
- 5 Mental health institute
- 6 Nursing home

NOTES: At registration record the alternate care placement history. If the child has ever been placed in alternate care in the year prior to registration or anytime in the past, enter Yes and the type of alternate care used.

**REPORTING YEAR (Field 27)**

REQUIRED

DEFINITION: This field identifies the year for the questions in Fields 28 and 29, and is to be used at the time of registration and each year for year end reporting.

CODES: Enter the 4 digit year only, not month and day.

NOTES: Registration year is shown as 0000. The questions for registration are answered at the time a family enters the program. Once a family is participating in the program, the questions should be answered at the end of each year in which the family has received services. If a family starts the program in June 1991, questions in 28 and 29 would be answered both at the time of registration (year 0000) and then the end of service year (1991).



**HAS THE FAMILY CONSIDERED OUT OF HOME PLACEMENT? (Field 28)**

REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

**DEFINITION:** The family has talked about the possibility that they might be unable to maintain the child at home and therefore, have thought about placing the child in alternate care.

**CODES:** Y = Yes  
N = No

At the time of registration, enter Yes if the parents have expressed concern at that time or sometime in the past that they may need to place the child. (Yes may be entered even if the parents have not sought admission to out of home placement for the child.) In subsequent years answer the question for each year at the end of the reporting year.

**IS THE FAMILY IN A CRISIS SITUATION? (Field 29)**

REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

**DEFINITION:** A period of time marked by high stress in the family. The stress may be caused by one or a number of factors including but not limited to: marital problems, poverty, single parent caring for child, more than one child with disability, child has a terminal condition, etc. The stress may be exaggerated by circumstances such as illness, birth of a child, divorce, etc. Worker judgment should be used in determining whether the family is experiencing crisis at the time of entry to the program or during the reporting year.

**CODES:** Y = Yes  
N = No

**NOTES:** At registration enter Yes if the family was experiencing crisis at the time of entry to the program or anytime in the past. In subsequent years enter Yes if the family was experiencing crisis during the reporting year.

**NEXT REVIEW DATE (Field 30)**

OPTIONAL

**DEFINITION:** Date when the case review or other agency activity is due to take place.

**CODES:** Enter the 8 digit date in the format month/day/full year.  
Example: May 9, 1989 is 05091989.

**OTHER PROGRAMS USED (Field 31)**

REQUIRED, WHEN APPLICABLE.

DEFINITION: Service and programs used by the family, other than Family Support, during the reporting year.

CODES: Enter all applicable codes from the list below which show the programs for which the child and/or family is eligible during all or part of the reporting year.

2	BCPN	Bureau for Children With Physical Needs
3	SSI	Supplemental security income
4	SSI-E	SSI with the exceptional rate
5	Katie Beckett	Medical Assistance (MA) without regard to the income of parents
6	Birth to 3	Early intervention program for children ages birth to 3 years

NOTES: Only one SSI program may be coded, not both.

**VOLUNTARY RESOURCES (Field 32)**

OPTIONAL

DEFINITION: Voluntary community resources used to assist the family other than Family Support services and the programs listed under OTHER PROGRAMS USED.

CODES: Enter up to 2 written descriptions of other resources used. Enter up to 20 characters in each description.

NOTES: Examples of voluntary community resources include Easter Seals, church fund raisers, telethon, etc. Do not list other public programs such as public school special education or county provided services such as Respite or Birth to 3 early intervention. Do not list private insurance.

**TARGET GROUP (Field 33)**

REQUIRED - THE FIRST TIME A REPORT IS FILED FOR THE PARTICIPANT, WHEN A SUBPROGRAM IS ADDED, AND WHENEVER THERE IS AN UPDATE TO TARGET GROUP.

DEFINITION: Indicates the need and/or problem that best explains the primary reason the child is receiving services.

CODES:

01	Developmental disability
31	Mental health
57	Physical or sensory disability

NOTES: Enter appropriate code the first time a report is made for a Family Support participant and whenever there is an update.

The code definitions can be found in the HSRS CORE Target Group section of this handbook.

**SUBPROGRAM (Field 34)**

REQUIRED - ANNUALLY FOR EACH SUBPROGRAM IN WHICH SERVICES WERE DELIVERED TO THE FAMILY.

DEFINITION: The services used by the family that are funded by Family Support.

CODES: Use the line on the form with the appropriate subprogram.

A	Architectural modifications of home
B	Child care
C	Counseling/therapeutic resources
D	Dental/medical care not otherwise covered
E	Diagnosis and evaluation - specialized
F	Diet, nutrition, and clothing - specialized
G	Equipment/supplies - specialized
H	Homemaker services
I	In-home nursing services/attendant care
J	Home training/parent courses
K	Recreation/alternative activities
L	Respite care
M	Transportation
N	Utility costs - specialized
O	Vehicle modification
P	Other as approved by DHFS

## SUBPROGRAM CODE DEFINITIONS

The Family Support Program provides funding to families to purchase supportive services and goods not covered through other funding sources. The program is based on the belief that parents of children with severe handicaps know their own needs and those of their disabled child. For this reason, and because of the individuality of each family, goods and services available through the program have been very broadly defined, leaving considerable leeway for families to choose whatever will help to maintain the child in their home. Any service, or any portion of a service, that is documented as needed in a family's service plan, and that is approved by the administering agency, may be funded within the following categories:

- A     Architectural Modifications of the Home - Examples include ramps, door widening, room additions, room divider, stairglide, backyard fence, bathroom modifications for accessibility, ceiling lift system, elevator parts, pulley for outdoor ramp.
- B     Child Care - For example, after school programs, child day care costs, or a family's share of such costs, child care for siblings so parents could spend time alone with their child who has a disability.
- C     Counseling/Therapeutic Resources - For example, occupational, physical, speech and behavior management therapies for the child with disabilities, other counseling and therapeutic resources for the child and other family members.
- D     Dental/Medical Care Not Otherwise Covered - For example, costs for dental care not covered by the family's insurance or Medical Assistance, costs for insurance premiums.
- E     Diagnosis and Evaluation-Specialized - For example, specialized diagnosis or evaluation of the child, genetic counseling for the parents and siblings.
- F     Diet, Nutrition, and Clothing-Specialized - For example, specially prepared foods, specially made clothes and footwear, also includes clothes needing replacement often due to the child's special needs.
- G     Equipment/Supplies-Specialized - For example, equipment personal to the child such as positioning boards and special chairs, water or hospital beds, computers or communication boards, and also specialized household equipment such as an air conditioning unit or air purifier to help a child who has breathing problems, intercom for nap or nighttime monitoring, etc. Also includes equipment to help the child participate in family activities such as a large bicycle trailer or car seats so the child can attend family outings.
- H     Homemaker Services - Examples include home chores, cooking, cleaning and managing finances.
- I     In-Home Nursing Services/Attendant Care - For example, help in feeding a child who requires four hours a day to feed, attendant services for a young adult, help with bathing.
- J     Home Training/Parent Courses - Includes training provided to parents in or out of the home, for such things as behavior management, advocacy for the child, helping the child to toilet train, teaching therapy skills, etc.

## SUBPROGRAM CODE DEFINITIONS - continued

- K     Recreation/Alternative Activities - Includes primarily those activities aimed at the social integration of the child. For example, fees for community recreation programs, scouting programs and may also include recreation opportunities for the family as a whole. Examples are family membership in the local YMCA or Boys Club and program fee for family recreation or camping.
- L     Respite Care - Includes services provided in or out of the home to relieve the parents of the continued stress of caring for the child. May also include recreational activities of the family with the child (e.g., if a family is unwilling to leave their child in another's care because of the child's special needs, respite may be purchased for the family as a whole).
- M     Transportation - Includes gas (or mileage), food and lodging, which follows standard county or state guidelines for use. Transportation may be used for trips to doctors, local recreation programs and other community activities.
- N     Utility Costs-Specialized: Includes long-distance telephone calls to doctors and other resources, supplemental heating and air conditioning costs.
- O     Vehicle Modification - For example, van lifts, ramps, tie-downs.
- P     Other Goods and Services - Services or goods requested by families generally will fit within the fifteen categories specified above. However, if a family requests a service or item which does not fit these categories, the agency may request approval for the family's request from the state Developmental Disabilities Office.

Any of these services may be funded fully or in part with Family Support dollars. Funds may be coupled with resources from other programs or with the family's own resources. For example, the program may provide funding for materials to build a small indoor elevator, while family members provide the carpentry and electrical work. Another example is the purchase of high cost items such as room additions or vehicles. It is possible to use a combination of funding sources for these purposes such as Community Options Program, Family Support and the family's own resources. On the expenditure form, however, record only the estimated and actual costs to the Family Support Program.

**ESTIMATED ANNUAL COST (Field 35)**

OPTIONAL

DEFINITION: From the initial needs assessment, the estimated annual dollar amount that would be needed from the Family Support Program in each subprogram category for the service requested.

CODES: Enter up to 4 digits representing the whole dollar amount estimated as needed for services in the specific subprogram categories.

NOTES: Enter at the time of the initial assessment and development of the service plan. May be used to track actual expenditures against the original budget amount.

**COST CODE (Field 36)**

REQUIRED TO ADJUST ACTUAL COSTS ON AN ANNUAL OR MONTHLY BASIS.

DEFINITION: The function used to complete current actual costs in any subprogram category.

CODES: A = Add  
S = Subtract  
R = Replace

NOTES: A - For the first time entry of monthly or annual costs, use the add code to enter the amount.

Also use the add code if additional costs are to be entered for the month (or year) when a previous entry had been made. Enter the additional costs.

S - Use the subtract code if services are subsequently reimbursed through some other source after Family Support payments have been made. Enter the amount of the reimbursement.

R - Replace is used if a new entry is made for a month or year to replace the old value.

**ACTUAL COST (Field 37)**

REQUIRED ANNUALLY, WITH OPTIONAL MONTHLY RECORDING CAPABILITY.

DEFINITION: The total actual expenditures of Family Support Program dollars in each subprogram category.

CODES: Enter up to five whole numbers and two decimal places representing the dollar amount actually expended for service in applicable subprogram categories.

NOTES: Actual expenditures may be reported and updated on a monthly basis, or a total dollar amount in each subprogram category may be reported once at the close of the reporting year. If monthly reporting is begun for a year, and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before annual cost amounts can be entered and vice versa.

If there is more than one child in a family, enter actual expenditures for family needs only on the report of the child whose Family ID number (Field 22) uses A as the final character. Do not duplicate expenditure reports on each child's form.

If the child is also in the LTS program with Family Support match funding, report the total costs on both the FSP and LTS modules.

**DELIVERY, MONTH AND YEAR (Field 38)**

REQUIRED

DEFINITION: The month and full year in which the entered costs were incurred.

CODES: Enter 6 digits representing the month and full year.

NOTES: The date should coincide with the month and year in which expenditures were authorized. If funds are authorized at the end of a calendar year for expenditures during that year, date the actual expenditures in that year even if payments are finally made in January or February of the following year.

Leave the month field blank if entering total annual costs and not using the optional monthly feature.

**SERVICE START DATE (Field 39)**

OPTIONAL

DEFINITION: The date that Family Support funded services began under the subprogram.

CODES: Enter the 8 digit date representing the month/day/full year that Family Support funded services began. For example: January 1, 1990 is reported 01011990.

**SERVICE END DATE (Field 40)**

OPTIONAL

DEFINITION: The date Family Support funding for services ceased for the subprogram.

CODES: Enter the 8 digits representing the month/day/full year all funding for services ceased. For example: January 1, 1990 is reported 01011990.

NOTES: Must be 00000000 or later than or equal to the service start date. (00000000 is used to reopen a closed subprogram.)

**PROVIDER NUMBER (Field 41)**

OPTIONAL

DEFINITION: The number assigned to identify the reporting unit, facility, or person that has delivered the subprogram to the family.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific subprogram.

**SUBPROGRAM P TEXT (Field 42)**

REQUIRED, WHEN CODE P IN FIELD 34 IS ENTERED.

DEFINITION: The type of service or goods that have been provided to the family in the OTHER category of subprograms.

CODES: Enter in narrative form a brief description of the services or goods purchased. Enter up to 75 characters.

NOTES: If more than one type of service is used in the OTHER category, the services may be listed, separated by a comma. If services in this category are added at a later time the initial services(s) must be re-entered or they will be replaced by subsequent entries.



## HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

### GENERAL INFORMATION

The HSRS ALCOHOL AND OTHER DRUG ABUSE module is a system to collect data on alcohol and other drug abuse clients, their characteristics, the services they receive, and the quality and quantity of their participation in services. Module reporting is a required condition of the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds. All county departments of community programs and human services are required to report.

#### **Administrative Code HFS 75 - Community Substance Abuse Standards**

New to this handbook are several SPC subprogram codes that will be phased in as a result of the promulgation of new administrative standards in substance abuse. Reporting of the new codes should begin as providers become certified under the HFS 75 standards.

For reporting purposes, a client is a person who has been authorized by a DCP or HSD for services related to alcohol or drug abuse and has their own client record.

In instances where a client has been previously opened on CORE or a non-AODA module, and the client is now being admitted for AODA services, the client must also be opened in the AODA module.

We encourage departments of social services to use CORE field 17, target group, as appropriate, for AODA clients. AODA codes for the target group field are 18 or 74.

The AODA module has a 90 day episode closing feature. Ninety days after all SPC end dates have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The episode end date will be the last SPC end date.

### REPORTING FREQUENCY

The AODA module provides the option of monthly reporting of services. Quarterly reporting is required on the module for each client.

First quarter	January - March	Due April month end
Second quarter	April - June	Due July month end
Third quarter	July - September	Due October month end
Fourth quarter	October - December	Due February month end

## DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-458 (Rev. 01/2004)

## STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of the State / County contract specified under the Wisconsin Statutes.

S. 46.031(2g)

## HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

## REGISTRATION - Screen A3 N, U or I

(Module Key: )

## MODULE TYPE 6

1 Worker ID			2 Social Security Number			3 Client ID			
4a Last Name			4b First Name		4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy) ____/____/____	6 Sex F / M
7a Hispanic/ Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		8 Client Characteristics		9 Start Date ____/____/____	10 Closing Date ____/____/____	11 Co-dependent / Collateral Y = Yes N = No		12 Referral Source
13 Education at Time of Admission		14 Family Relationship		15 Brief Service Y = Yes N = No		16 Employment Status		17 Pregnant at Time of Admission Y = Yes N = No	
18 Diagnosis	19 Case Review Date ____/____/____	20 Family ID		21 Local Data		22 Special Project Reporting			
If "Yes" in fields 11 or 15, skip fields 25-29 Substance Problem			23a Primary		23b Secondary		23c Tertiary		24 At Discharge
Usual Route of Administration			25a Primary		25b Secondary		25c Tertiary		
Use Frequency			26a Primary		26b Secondary		26c Tertiary		
Age of First Drug Use or Alcohol Intoxication			27a Primary		27b Secondary		27c Tertiary		

## SERVICES - Screen A4

(Module Key: )

Prog. No.	28 SPC Sub Prog	29 SPC Start Date	30 Provider Number	31 Days of Care	32 Other Units	33 Delivery Date mm   yyyy	34 SPC End Date	35 SPC End Reason	36 Closing Status A   F   E			37 Target Group	38 SPC Review Date mm   yyyy	

## OPTIONAL DATA - Screen 18

(Module Key: )

Street Address			City		State	Zip Code	County	Telephone Number ( )
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Shaded areas are optional.

## HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE CO-DEPENDENT / COLLATERAL OR BRIEF SERVICES

**REGISTRATION - Screen A3 N, U or I**

1 Worker ID			2 Social Security Number			3 Client ID			
4a Last Name			4b First Name		4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy) ____/____/____	6 Sex F / M
7a Hispanic / Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		8 Client Characteristics		9. Start Date ____/____/____		10 Closing Date ____/____/____		11 Co-dependent / Collateral Y = Yes N = No
12 Referral Source	15 Brief Service Y = Yes N = No	18 Diagnosis	19 Case Review Date ____/____/____		20 Family ID		21 Local Data		

**SERVICES - Screen A4 (Module Key: )**

Prog. No.	28 SPC Sub Prog.	29 SPC Start Date	30 Provider Number	32 Other Units	33 Delivery Date (mm)   (yyyy)	34 SPC End Date	37 Target Group	38 SPC Review Date (mm)   (yyyy)

**OPTIONAL DATA - Screen 18 (Module Key: )**

Street Address	City	State	Zip Code	County	Telephone Number (   )
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Shaded areas are optional.

**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

PURPOSE: For local use to connect reports to specific case managers.

**SOCIAL SECURITY NUMBER (Field 2)**

OPTIONAL; REQUIRED IF MEDICAL ASSISTANCE RECIPIENT

CODES: Enter the client's 9 digit Social Security Number or 10 digit MA Number.

PURPOSE: For comparison with other databases (Medical Assistance; DILHR employment data; Crime Information Bureau, etc.)

**CLIENT ID (Field 3)**

REQUIRED, COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.  
OR  
Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: To maintain client confidentiality while allowing reports to be produced on individual clients for audit purposes; to produce reports on multiple services to the same individual; to produce client number listings for recidivist clients.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a-d)**

REQUIRED TO GENERATE ID (THEN OPTIONAL)

- DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.
- ENTER: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.
- NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.
- PURPOSE: To produce client ID number; for local use client listings.

**BIRTHDATE (Field 5)**

REQUIRED

- CODES: Enter the 8 digit birthdate of the client using month/day/full year.  
Example - June 3, 1980 is 06031980.
- PURPOSE: To calculate the client's age for preparation of reports; to determine if various age groups are being reached in similar proportions to the general population and AODA prevalence.

**SEX (Field 6)**

REQUIRED

- CODES: F = Female  
M = Male
- PURPOSE: To prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population and AODA prevalence.

**HISPANIC/LATINO (Field 7a)**

**REQUIRED**

**DEFINITION:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

**CODES:** Y = Yes  
N = No

**RACE (Field 7b)**

**REQUIRED**

**DEFINITION:** The race of the client as determined by the client. Code as many as apply up to all five.

**CODES:** A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

**PURPOSE:** To prepare reports cross tabulated by race in order to determine relationships/differences; to determine if various minority groups are being reached in proportion to their representation in the general population and AODA prevalence.

**CLIENT CHARACTERISTICS (Field 8)****REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Code definitions are in the HSRS CORE Client Characteristics (Field 7). We encourage the use of all three client characteristics fields since the Bureau of Substance Abuse Services uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities.

**NOTES:** Client Characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected. If codependent enter 99.

Care should be taken to record developmentally disabled, physically disabled, sensory disabled, mental illness, and frail elderly if applicable.

**CODES:**

19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
29	Family member of developmental disability client
86	Severe emotional disturbance - child/adolescent
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
14	Family member of mental health client
04	Alcohol client
05	Drug client
10	Chronic alcohol or other drug client (includes SSI clients)
12	Alcohol and other drug client
16	Family member of alcohol and other drug client
17	Intoxicated driver
39	Gambling client
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
36	Other handicap
59	Unmarried parent
71	Victim of domestic abuse
50	Regular caregiver of dependent person
55	Frail elderly
57	Abused/neglected elder
18	Alzheimer's disease/related dementia
43	Migrant
44	Refugee
45	Cuban/Haitian entrant
33	Corrections/criminal justice client (adult only)
80	Homeless
91	Hurricane Katrina evacuee
92	Hurricane Rita evacuee
99	None of the above (codependent client only)

**CLIENT CHARACTERISTICS (Field 8)** continued

SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

**PURPOSE:** To allow comparisons across the HSRS database outside of the AODA module; to assess outreach to and accessibility in relation to special client groups (dually diagnosed, hearing impaired, physically disabled, etc.); to separate codependents receiving services from clients with AODA diagnosis.

**START DATE (Field 9)**

REQUIRED

**DEFINITION:** The date when the client began contact with the agency or the case was opened for this period of service (episode).

**CODES:** Enter an 8 digit number in the format of month/day/full year.  
Must be earlier than or equal to the current date.

**PURPOSE:** To determine active and closed cases; for case management purposes; for determining recidivism; determining episode length/duration.

**CLOSING DATE (Field 10)**

OPTIONAL

**DEFINITION:** The date all AODA services are completed and the case is closed.

**CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

**NOTES:** The episode will be closed automatically 90 days after all services are closed.

**PURPOSE:** To determine active and closed cases; for case management purposes; for determining recidivism; determining episode duration.



**CODEPENDENT/COLLATERAL (Field 11)**

**REQUIRED**

**DEFINITION:**

A codependent/collateral is a person who:

- Is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser.
- Has no current alcohol/drug abuse or dependency problem of their own.

**CODES:**

Y = Yes

N = No

When Yes is coded, only the following fields are required:

Client ID (3) or Name/Birthdate/Sex

Name (4)

Birthdate (5)

Sex (6)

Ethnicity (7)

Client Characteristics (8)

Episode Start Date (9)

Episode Closing Date (10)

Referral Source (12)

Brief Service (15)

SPC (28)

SPC Start Date (29)

Provider Number (30)

Other Units (32)

Delivery Mo/Yr (33)

SPC End Date (34)

**NOTES:**

Family involvement in treatment alone is not sufficient criteria for codependent/collateral designation.

**PURPOSE:**

To separate codependents receiving services from clients with AODA diagnoses and to allow simpler reporting on codependents.

# **REFERRAL SOURCE (Field 12)**

## **REQUIRED**

**DEFINITION:** The individual or agency at the point of origin, that referred the client for services.

**CODES:**

01	Self
02	Family, friend, or guardian
03	AODA program (includes AA and Al-Anon)
04	Hospital, clinic, physician, health agency
05	School, college
06	IDP- Court
07	IDP - Division of Motor Vehicles (DMV)
08	Probation and parole
09	Other court, criminal or juvenile justice, or law enforcement
10	Employer, Employee Assistance Program (EAP)
11	County social services
13	IV drug outreach worker
14	Other social agency or community referral

## **REFERRAL SOURCE CODE DEFINITIONS**

- 03     **AODA Program** (Includes AA and Al-Anon)  
Any program/clinic whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.
- 04     **Hospital, Clinic, Physician, Health Agency**  
Includes a physician, psychiatrist or other licensed health care professional, general hospitals, psychiatric hospitals, mental health programs and nursing homes.
- 05     **School, College**  
Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.
- 06-09   **Criminal Justice Referral**  
Includes referrals from the court, juvenile court intake, a judge, prosecutor, probation officer or other personnel affiliated with a federal, state and/or county judicial system, referrals from the police, and Treatment Alternative Program (TAP). This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally it includes clients on pre-parole, pre-release, work and/or home furlough, and Ch. 51 commitments. The client need not be officially designated as on parole.
- 10     **Employer, Employee Assistance Program (EAP)**  
Includes a federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included.

**PURPOSE:** Assess success of outreach/marketing and agency coordination efforts; identify intoxicated driver clients; assess success in reaching special target groups (criminal justice client; EAP; etc.).

**EDUCATION AT TIME OF ADMISSION (Field 13)**

**REQUIRED**

**DEFINITION:** The highest grade completed.

**CODES:** Enter the two digit number of years.

01-11	Highest grade completed
12	High school diploma or GED
14	Some college or vocational/technical school; assoc. degree or voc. tech. degree
16	Bachelor's degree
18	Advanced degree (Master's; Ph.D.)

**PURPOSE:** Identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population to assess differences.

**FAMILY RELATIONSHIP (Field 14)**

**REQUIRED**

**DEFINITION:** The client's marital, family, interpersonal relationships, or social support system (whichever is most applicable to the client) status at time of admission in terms of the frequency and quality of contact.

**CODES:** Marital, Family, Interpersonal Relationships, or Support System

1	Very frequent, positive contact
2	Frequent or more often, usually positive contact
3	Occasional or more often, sometimes positive, sometimes negative contact
4	Contact is usually negative
5	Little or no contact

**NOTES:** The Family Relationship is an overall assessment of the client's marital, family, significant other, close friend/intimate relationships or support system (whichever is most applicable to the client) as follows:

**Positive** means constructive, harmonious, compatible, close relationships with differences or conflicts being worked out. **Negative** means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts. **Very Frequent** means daily or nearly daily. **Frequent** means at least weekly. **Occasional** means at least monthly. **Significant Others** include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

**PURPOSE:** Describe the level of familial, social, or support deterioration that usually characterizes alcohol/drug clients when entering treatment. The admission data will be compared with discharge data to assess changes.

**BRIEF SERVICE (Field 15)**

**REQUIRED**

**DEFINITION:**

This field may be checked YES if any of the following standard program categories are the sole SPCs to be provided in an entire episode of care:

SPC	301	Court intake studies
	501	Crisis intervention
	507/50	Outpatient, emergency regular
	601	Outreach
	602	Information and referral
	603	Intake assessment

If this field is checked YES, only the following other fields are required to be entered into the record:

Client ID (3) or Name/Birthdate/Sex  
Name (4)  
Birthdate (5)  
Sex (6)  
Ethnicity (7)  
Client Characteristics (8)  
Episode Start Date (9)  
Episode Closing Date (10)  
Codependent/Collateral (11)  
Referral Source (12)  
SPC (28)  
SPC Start Date (29)  
Provider Number (30)  
Other Units (32)  
Delivery Mo/Yr (33)  
SPC End Date (34)

**CODES:**

Y = Yes  
N = No (default)

**PURPOSE:**

To reduce reporting burden for relatively brief services.

**EMPLOYMENT STATUS (Field 16)**

REQUIRED

DEFINITION: The current employment status.

CODES:

1	Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs.
2	Employed part-time - less than 35 hours a week.
3	Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job.
4	Unemployed - not looking for work in the past 30 days.
5	Not in the labor force - other (homemaker, student, disabled, retired, institution inmate, incarcerated, others).

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources or pay stubs. Special audits of this data may be performed.

PURPOSE: Identify financial resources of client groups; assess employment status for vocational service needs.

**PREGNANT AT TIME OF ADMISSION (Field 17)**

REQUIRED - DEFAULTS TO NO.

DEFINITION: Self-explanatory.

CODES:

Y = Yes
N = No

PURPOSE: To assess outreach and accessibility of services to special client groups; to monitor trends.

**DIAGNOSIS (Field 18)**

## OPTIONAL

**DEFINITION:** The current diagnosis of the client's condition.

**CODES:** The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<u>CODE</u>	<u>NAME</u>
<u>MENTAL ILLNESS</u>	
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic disorders
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
300.02	Generalized anxiety disorder
301	Personality disorders
301.6	Dependent personality disorder
302	Sexual deviations and disorders
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders due to organic brain damage
311	Depressive disorder, not classified elsewhere
312.0	Undersocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere classified
313	Disturbance of emotions specific to childhood and adolescence
314	Hyperkinetic syndrome of children
316	Psychic factor associated with diseases classified elsewhere
<u>DEVELOPMENTAL DISABILITIES</u>	
299.0	Infantile autism
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy

**DIAGNOSIS** (Field 18 ) continued

ALCOHOLISM/ALCOHOL ABUSE

291	Alcoholic psychoses
303	Alcoholic dependence syndrome
303.91	Other and unspecified continuous alcohol dependence (chronic alcoholism/dipsomania)
303.93	Other and unspecified alcohol dependence in remission
305.0	Alcohol abuse

OTHER DRUG ABUSE

292	Drug psychoses
304	Drug dependence
304.0	Opioid type dependence
304.1	Barbiturate and similarly acting sedative hypnotic dependence
304.2	Cocaine dependence
304.3	Cannabis dependence
304.4	Amphetamine and other psychostimulant dependence
304.5	Hallucinogen dependence
304.6	Other specified drug dependence
304.9	Unspecified drug dependency
305	Nondependent abuse of drugs
305.01	Continuous alcohol abuse
305.02	Episodic alcohol abuse
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid abuse
305.6	Cocaine abuse
305.7	Amphetamine or related acting sympathomimetic abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
309.89	Other

PHYSICAL LIMITATION

359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742.0	Encephalocele
742.3	Congenital hydrocephalus
784.0	Symptoms involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

**DIAGNOSIS (Field 18 )** continued

**OTHER DISORDER**

316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition

**PRESENTING PROBLEM**

V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victim of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstances or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Child or adolescent antisocial behavior

**ADMINISTRATIVE CATEGORIES**

799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V68.81	Referral of patient without examination or treatment
V70.7	Examination for normal comparison or control in clinical research

**PURPOSE:** For local use in billing-related reports.

**CASE REVIEW DATE (Field 19)**

OPTIONAL

**DEFINITION:** Date when the case review or other agency activity is due to take place.

**CODES:** Enter the 8 digit date in the format month/day/full year.

**PURPOSE:** For local use in case monitoring/case management.



**FAMILY ID (Field 20)**

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use.

**LOCAL DATA (Field 21)**

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

PURPOSE: For local use.

**SPECIAL PROJECT REPORTING (Field 22)**

REQUIRED, WHEN APPLICABLE THROUGH SPECIAL CIRCUMSTANCES, USUALLY A GRANT PROGRAM. AGENCIES WILL BE NOTIFIED BY THE BUREAU OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHEN THIS FIELD IS APPLICABLE TO THEIR SPECIAL PROJECTS.

DEFINITION: The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.

**SUBSTANCE PROBLEM (Fields 23a - 23c)**

**REQUIRED**

**DEFINITION:** Self-explanatory

**CODES:** Enter primary, secondary, and tertiary substance problem codes. Code up to three.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

**PURPOSE:** To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

**SUBSTANCE PROBLEM AT DISCHARGE (Field 24)****REQUIRED**

**DEFINITION:** The primary substance problem at the time of discharge.

The code at discharge should be different from the code at admission only in the case of a change of substance. Therefore, the system defaults the code at discharge to the code at admission. The code 01 for None is reserved for codependent clients.

**CODES:**

01	None (co-dependent)
02	Alcohol
03	Cocaine/crack
04	Marijuana/hashish/cannabis/THC
05	Heroin
06	Nonprescription methadone
07	Dilaudid/hydromorphone
08	Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
09	PCP (phencyclidine)
10	LSD
11	Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, ketamine)
12	Methamphetamine/ice: methcathinone/cat
13	Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs
14	Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
15	Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
16	Other tranquilizers (Meprobamate, Equanil, Miltown)
17	Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
18	Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
19	Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
20	Over-the-counter diet, alert, sleep aids, cough syrup
21	Other

**PURPOSE:** To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

**USUAL ROUTE OF ADMINISTRATION (Fields 25a - 25c)**

REQUIRED

DEFINITION: How the substance is taken into the body.

CODES:

1	Oral (by mouth swallowing)
2	Smoking (inhale by burning/heating substance)
3	Inhalation (inhale or snort through the nose or mouth without burning substance)
4	Injection (IV or intramuscular or skin popping)
5	Other

PURPOSE: To determine level of associated health risks connected with route of administration; assess extent and trends of AIDS risk clients.

**USE FREQUENCY (Fields 26a - 26c)**

REQUIRED

DEFINITION: How often the substance is used during the 30 days prior to the start of the episode.

CODES:

1	No use in the past month (abstinent)
2	1-3 days in the past month (less often than once a week)
3	1-2 days per week
4	3-6 days per week
5	Daily

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources, or drug tests. Special audits of this data may be performed.

PURPOSE: To identify the level of severity of addiction, compare with treatment setting and changes from admission to discharge.

**AGE OF FIRST DRUG USE OR ALCOHOL INTOXICATION (Field 27a - 27c)**

REQUIRED

DEFINITION: Self-explanatory

CODES: Enter actual age using 2 digits.

A value of zero (00) indicates a newborn with a substance dependency problem.

NOTES: For drugs other than alcohol record the age of first use. For alcohol record age of first intoxication. The recorded age should reflect willful use.

PURPOSE: Assesses success of prevention efforts; for planning school curricula; compare with national drug surveys of the general population.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28)****REQUIRED**

**DEFINITION:** The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. The following are basic AODA SPCs. Any other appropriate SPCs associated with alcohol and other drug abuse services should be reported even though not listed here. SPCs are defined in Appendix E. Subprogram definitions follow.

**CODES:** Enter the 3 digit SPC code and the 2 digit subprogram code if applicable.

<b><u>AODA SPCs</u></b>	<b><u>SUB-PROGRAM</u></b>	<b><u>STANDARD PROGRAM CATEGORY NAME</u></b>	<b><u>UNITS TO BE REPORTED</u></b>
<u>Detox</u>			
703	10	Medically managed inpatient detox (75.06)	Days
	20	Medically monitored residential detox (75.07)	Days
	50	Ambulatory detoxification (75.08)	Hours
705	10	Residential intoxication monitoring (75.09)	Days
<u>Residential</u>			
503	50	Medically managed inpatient (75.10)	Days
	60	Medically monitored hospital treatment (124, 75.11)	Days
	70	Medically monitored CBRF treatment (83, 75.11)	Days
504		Residential care center	Days
506	10	Transitional residential-hospital setting (124, 75.14)	Days
	20	Transitional residential (83, 75.14)	Days
203		Foster home	Days
204		Group home	Days
<u>Ambulatory</u>			
507	00	Outpatient - regular (75.13)	Hours
	05	Outpatient - intensive (75.13)	Hours
	65	Medication management	Hours
	70	Methadone or narcotic detox	
	75	Methadone maintenance or narcotic treatment (75.15)	Hours
603		Intake assessment	Hours
509		Community support	Hours
510		Comprehensive community services	Hours
704	10	Day treatment (75.12)	Hours
112	55	Specialized medical supplies	Items

The following optional subprograms may be used in place of 00 and 05 if the agency wants additional detail. Unless noted, the subprograms are redefined in HFS 75.13.

507	10	Outpatient, individual regular (75.13)	Hours
	15	Outpatient, individual intensive (75.13)	Hours
	20	Outpatient, family regular (75.13)	Hours
	25	Outpatient, family intensive (75.13)	Hours
	30	Outpatient, group regular (75.13)	Hours
	35	Outpatient, group intensive (75.13)	Hours
	40	Outpatient, in-home regular (75.13)	Hours
	45	Outpatient, in-home intensive (75.13)	Hours
	50	Emergency outpatient (75.05)	Hours

## **STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28)** continued

### **NOTES:**

Units are required on these SPCs.

Regular and Intensive are types of outpatient services and do not always reflect the amount of service delivered to a specific client. A client can be in Intensive even though they don't complete the required units of service.

Reporting of self-pay intoxicated driver assessments (SPC 603) which are assessed by contract providers is no longer required, but may be continued at the discretion of the county agency. Similarly, reporting of any wholly self-paid or third party paid treatment services by contract agencies is not required.

### **PURPOSE:**

To determine the type, amount, duration, and outcome of services provided; to develop common costs centers for cost analyses. It also meets federal requirements.

## **SUBPROGRAM DEFINITIONS**

112/55	<u>Specialized Medical Supplies</u> Specialized medical supplies, specified in the plan of care, which are necessary to ensure the health of the individual or enable the individual to function with greater independence as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.
503/50	<u>Medically Managed Inpatient</u> HFS 75.10 medically managed inpatient treatment service means a service provided in a general or specialty hospital with 24 hours per day nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.
503/60	<u>Medically Monitored Hospital Treatment</u> HFS 75.11 medically monitored treatment service means a hospital based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
503/70	<u>Medically Monitored CBRF Treatment</u> HFS 75.11 medically monitored treatment service means a community based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
506/10	<u>Transitional Residential - Hospital Setting</u> HFS 75.14 transitional residential treatment service (defined below) in a general or specialty hospital approved under ch. HFS 124.
506/20	<u>Transitional Residential</u> HFS 75.14 transitional residential treatment service means a clinically supervised, peer supported, 24 hour therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling equaling between three and 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28)** continued

**SUBPROGRAM DEFINITIONS**

507/all	<u>Outpatient</u> HFS 75.13 outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning and totaling less than 12 hours of counseling per week. Intensive outpatient is at least six hours per week and regular outpatient is less than six hours per week.
507/61	<u>Antabuse</u> The administration of the medication disulfiram as a treatment adjunct, to help patients overcome drinking problems.
507/62	<u>Other Medical</u> For use by Milwaukee County only.
507/64	<u>Urinalysis Tests</u> In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood altering substances.
507/65	<u>Medication Management</u> Includes prescription, directions on use, and review of medication in an outpatient setting.
507/70	<u>Methadone or Narcotic Detox</u> Services provided to ensure the safe withdrawal of methadone from the body's tissues.
507/75	<u>Narcotic Treatment</u> HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.
703/10	<u>Medically Managed Inpatient Detoxification</u> HFS 75.06 medically managed inpatient detoxification service means a 24 hour per day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.



## **SUBPROGRAM DEFINITIONS**

- 703/20      Medically Monitored Residential Detoxification  
HFS 75.07 medically monitored residential detoxification service means a 24 hour per day service in a residential setting providing detoxification and monitoring, with care provided by a multidisciplinary team of service personnel including 24 hour nursing care under the supervision of a physician.
- 703/50      Ambulatory Detoxification  
HFS 75.08 ambulatory detoxification service means a medically managed or monitored, structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.
- 704/10      Day Treatment  
HFS 75.12 day treatment service means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).
- 705/10      Residential Intoxication Monitoring  
HFS 75.09 residential intoxication monitoring service means a service providing 24 hour per day observation by a nonmedical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.

**SPC START DATE (Field 29)**

REQUIRED FOR AODA SPCs

- DEFINITION: The date on which delivery of this SPC actually began.
- CODES: Enter an 8 digit number in the format month/day/full year.
- PURPOSE: Coupled with SPC End Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

**PROVIDER NUMBER (Field 30)**

REQUIRED

- DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC to the client.
- CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk.
- PURPOSE: Will be used to produce various reports by facility.

**DAYS OF CARE (Field 31)**

REQUIRED FOR APPROPRIATE SPCs

- DEFINITION: The number of days of care provided in each SPC/subprogram that require days reporting.
- CODES: Enter up to 3 digits. No decimals allowed.
- PURPOSE: To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

**OTHER UNITS (Field 32)**

REQUIRED FOR AODA SPCs

- DEFINITION:** The number of program activity units the client has received.
- CODES:** The appropriate number of units. This is a 5 digit field with a maximum of 2 decimal places.
- NOTES:** This field is not required for non-AODA SPCs. It is allowable for emergency inpatient services (hours only).
- PURPOSE:** To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

**DELIVERY DATE MONTH/FULL YEAR (Field 33)**

REQUIRED

- DEFINITION:** The month and full year during which units of an SPC were delivered.
- CODES:** Enter a 6 digit number in the format month/full year.
- PURPOSE:** For easy production of reports connected to a particular month/full year.

**SPC END DATE (Field 34)**

REQUIRED FOR AODA SPCs

- DEFINITION:** The date on which service in this SPC ended (i.e., last contact).
- CODES:** Enter an 8 digit number in the format month/day/full year.
- NOTES:** The episode will be closed automatically 90 days after all services are closed.
- PURPOSE:** Coupled with SPC Start Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

**SPC END REASON (Field 35)**

REQUIRED, WHEN APPLICABLE FOR AODA TREATMENT SPCs EXCEPT FOR 703 HOSPITAL DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND OTHER BRIEF SERVICES.

**DEFINITION:** The reason the client was discharged from the service.

**CODES:** If the service was completed, use codes 01, 02, or 03.

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - no positive change

-----  
If the service was not completed, use codes 04–16.

- 04 Referred to another nonalcohol/drug agency, program, or service before completing service
- 05 Behavioral termination - staff/program decision to terminate due to rule violation
- 06 Withdrew against staff advice before completing service
- 07 Funding/authorization expired, same service not reopened
- 08 Incarcerated
- 09 Death
- 14 Referral to another AODA agency or program
- 15 Transfer to another AODA service within an agency or program
- 16 Funding/authorization expired, same service reopened

Clients who completed the SPC should not be coded under 04–16.

**LEVEL OF IMPROVEMENT EXPLANATION (major, moderate, no change):**

For clients who have completed services (above codes 01-03) in inpatient, outpatient, day treatment, or residential treatment, this is an overall rating of the client's condition at discharge:

**Major Improvement.** Successful completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- length or duration of treatment consistent with the treatment plan
- all or nearly all objectives of the individualized treatment plan were achieved
- client no longer needs this level of care
- discharge plan

**Moderate improvement.** Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- moderate progress on objectives in the individualized treatment plan
- maximum benefit achieved
- discharge plan

**Minimal change.** Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- minimal progress on objectives in the individualized treatment plan
- discharge plan

**NOTES:** SPC End Reason is not required for SPCs 703 Detox and 705 Intoxication Monitoring, or other brief SPCs like assessment, case management, etc. because of their short-term nature.

**PURPOSE:** To evaluate service retention and outcome.

**CLOSING STATUS (Field 36)**

REQUIRED, FOR AODA SPCs EXCEPT FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT AND OTHER BRIEF SERVICES.

**DEFINITION:** The client's AODA (A), Family (F), and Employment (E) status at the time the client was discharged from treatment (last contact).

**CODES:** Enter a one digit code in each of the three categories (A, F, E).

**A = AODA** = Frequency of alcohol/drug use during the 14 days prior to discharge.

- 1 No use (abstinent)
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily

**F = FAMILY** = Marital/family/interpersonal relationships or social support system

- 1 Very frequent, positive contact
- 2 Frequent or more often, usually positive contact
- 3 Occasional or more often, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

**E = EMPLOYMENT STATUS**

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed, but looking for work
- 4 Unemployed, not looking for work
- 5 Not in the labor force (homemaker, student, enrolled in skill development program, disabled, retired, incarcerated or institutionalized).

**NOTES:** The F scale above is an overall assessment of the client's familial, marital, significant other, or close friend relationships as follows:  
**Positive** means supportive, constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.  
**Negative** means unsupportive, enabling, sabotaging, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts.  
**Very Frequent** means daily or nearly daily. **Frequent** means at least weekly. **Occasional** means at least monthly. **Significant Others** include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

It is the provider's responsibility to verify the accuracy of the codes entered into the record for the A and E scales. These methods of verification may include collaterals (spouse, relative, significant others), structured clinical interview, records sources, drug tests, or pay stubs. Special audits of this data may be performed.

**PURPOSE:** The data will be compared with admission data to assess changes.

**TARGET GROUP (Field 37)**

OPTIONAL

**DEFINITION:** Indicates the more specific AODA need and/or problem that best explains the primary reason this client is receiving services in a particular Standard Program Category. Target Group describes why this service is being delivered to the client, and thus may vary by service. If 74 is entered, then Yes should be entered in Field 11, Codependent/collateral.

**CODES:**

04	Alcohol abuse
05	Drug abuse
17	Intoxicated driver
18	Alcohol and other drug abuse
74	Family member/other of AODA client (codependent)

**PURPOSE:** To identify the number of and service usage of the above target groups.

**SPC REVIEW DATE (Field 38)**

OPTIONAL

**DEFINITION:** The date when the next SPC review is due to take place.

**CODES:** Enter the 6 digit date in the format of month/full year.

**NOTES:** An output report can be produced indicating when a review is due.

**PURPOSE:** For local use in case monitoring/case management.

## MENTAL HEALTH MODULE

### BACKGROUND

The HSRS Mental Health Module is a federally supported effort for reporting client demographic and service data for people served through the public mental health system. Development of this module was a joint effort between staff from the BCMH, BMO, OPRA and BIS within the DHFS and included considerable effort and input from various county level administrators and program staff.

The Mental Health module data provides federal, state and county administrators with accurate and timely data on the people served through our public mental health system. This information is used for oversight and improvement of the service system as well as compliance with State and Federal regulations.

A recent improvement to the module is the Consumer Status Data Set. Beginning in CY 2002, fields 31 through 43 will be used to collect information reflecting the ongoing status of people who have a BRC Target Group Code of H or L. This data will be used in support of the efforts of the Department to meet the expectations contained in the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

### GENERAL INFORMATION

All county Departments of Community Programs and Human Services are required to report to the module. For reporting purposes, a client/consumer is defined as a person who has been authorized by a DCP or HSD for services related to mental health and who has their own client record.

**Consumer Status Data Set (CSDS) information is collected through Fields 31 - 43. CSDS data fields should be completed at the beginning of a HSRS episode for consumers who have a BRC Target Group Code of H or L. Updates will be expected at six month intervals thereafter. The status data should also be reported at the close of an episode if it has been at least 90 days from the last update.**

The Mental Health module has a 90 day episode closing feature. Ninety days after all SPC End Dates and their respective Closing Reasons have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The Episode End Date will reflect the last SPC End Date.

### REPORTING FREQUENCY

Quarterly reporting is required on the module for each client. The Mental Health module provides for the option of monthly reporting of services.

First Quarter	January - March	Due April month-end
Second Quarter	April - June	Due July month-end
Third Quarter	July - September	Due October month-end
Fourth Quarter	October - December	Due February month-end

## HSRS MENTAL HEALTH MODULE

**REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry****MODULE TYPE 9**

Episode Key		1 Worker ID			2 Client ID			
3a Last Name		3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex F M
6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		7 Client Characteristics			8 MA Number		

**MENTAL HEALTH INFORMATION**

9a Legal/Commitment Status	9b Commitment Status Review Date	10 BRC Target Population	11 Presenting Problem (client perspective)	12 Diagnostic Impression Primary Axis III			13 County of Residence	14 Episode Closing Date
15 Social Support	16a No. of Minor Children	16b No. Living With Client	17 Veteran Status Yes / No	18 Referral Source	19 Case Review Date	20 Family ID	21 Local Data	

**SERVICES - Screen M2 - New, Update, Error Correct or Inquiry**

Prog. No. (U)	22 SPC/Subprogram	23 SPC Start Date	24 Provider Number	Units 25 Days 26 Other		27 SPC End Date	28 SPC End Reason	29 Delivery Date mm yyyy	30 SPC Review Date mm yyyy

**CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.**

31 BRC Target Population Update	32 Psychosocial and Environmental Stressors		33 Global Assessment of Functioning (Specific two digit number)		34 Health Status	35 Health Care Appointment <u>Health</u> <u>Vision</u> <u>Dental</u>			36 Suicide Risk
37 Residential Arrangement	38 Daily Activity	39 Employment	40 Employment Level	41 Legal/Commitment Status Update		42 Criminal Justice System		43 Financial Supports	

**OPTIONAL DATA - Screen 18 (Module Key:**

Street Address	City	State	ZIP Code	County	Telephone ( )
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Shaded areas are optional.



**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.

CODES: Enter the 10 digit code identifying the primary worker or service provider.

NOTES: This is an agency assigned number. Provider ID's are also accepted.

PURPOSE: This data element is used to sort output reports for local agency use (such as case listings).

**CLIENT ID (Field 2)**

REQUIRED

DEFINITION: A unique identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client/consumer identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 3a-d)**

**REQUIRED**

**DEFINITION:** The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

**ENTER:** Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

**NOTES:** Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, nor are any other punctuation marks accepted.

**PURPOSE:** This information allows the system to generate a unique Client ID. This information is also employed to produce client listings for local agency use.

**BIRTHDATE (Field 4)**

**REQUIRED**

**CODES:** Enter the 8 digit birthdate of the client/consumer using month/day/full year. Example - May 16, 1988 is 05161988.

**PURPOSE:** This information allows the system to generate a unique Client ID. Birthdate is used to calculate the client/consumer's age for preparation of summary reports which compare the characteristics of the population area served, to assess issues of accessibility or unintended exclusion of age groups. Client/consumer age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

**SEX (Field 5)**

REQUIRED

DEFINITION: Client/consumer's gender.

CODES: F = Female  
M = Male

PURPOSE: This information allows the system to generate a unique Client ID. A client/consumer's gender is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters. In addition, as a demographic variable related to population characteristics, it reflects on the use of and access to mental health services by each sex.

**HISPANIC/LATINO (Field 6a)**

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 6b)**

**REQUIRED**

**DEFINITION:** The race of the client/consumer as determined by the client/consumer. Code as many as apply up to all five.

**CODES:**

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

**PURPOSE:** The race of the client/consumer is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined.

## Field 7

### **CLIENT CHARACTERISTICS (Field 7)**

#### **REQUIRED**

**DEFINITION:** Description of the client/consumer according to selected personal, social and demographic factors. Code as many as apply up to three.

**CODES:** Enter at least one and up to three codes from the list below that best describe the client/consumer. A person receiving services reported on the Mental Health module is assumed to have a Client Characteristic of 02-Mental Illness.

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 84 Repeated school truancy
- 37 Frail medical condition
- 38 Criminal justice system involvement (alleged or adjudicated)
- 72 Victim of abuse or neglect (alleged or adjudicated)
- 80 Homeless
- 90 Special study code (to be defined as need arises)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above
- SPECIAL CHILDREN'S SERVICES CATEGORIES**
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

## **CLIENT CHARACTERISTICS (Field 7) - continued**

**NOTES:** Client/consumer characteristics should identify up to three major needs or descriptors. The client characteristics defined below are of particular interest.

**PURPOSE:** This data will be used to assess outreach to and accessibility in relation to special client/consumer groups and to allow comparisons across the HSRS database outside of the Mental Health module. Client Characteristics can also be used in system planning.

### **CLIENT CHARACTERISTICS CODE DEFINITIONS**

Code definitions not listed here can be found in the HSRS CORE Client Characteristics Field 7.

- 37     **Frail medical condition**  
Include people who have difficulty in functioning or performing activities of daily living due to disability or medical condition.
  
- 38     **Criminal justice system involvement (alleged or adjudicated)**  
Include people who may previously have been defined through the HSRS CORE Codes of: 66-Delinquent, 73-Family member of delinquent, 68-CHIPS - other, 69-JIPS - status offender, 70-Family member status offender, 33-Corrections/criminal justice system clients (adults only).
  
- 72     **Victim of abuse or neglect**  
Include people who may previously have been defined through the codes of Victim of domestic abuse (71), Abused/neglected elder (57), CHIPS (61, 62, and 63) in HSRS CORE.
  
- 80     **Homeless**  
Include people who are either: Unsheltered, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or, Sheltered, in which case the person is living in emergency, transitional, domestic violence, or youth shelters, or using vouchers for hotels/motels.
  
- 84     **Repeated school truancy**
  
- 90     **Special study code**  
This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.

## **MA NUMBER (Field 8)**

### **REQUIRED IF MA ELIGIBLE**

**CODES:** Enter the client's 10 digit medical assistance number.

**NOTES:** This field should be updated if the client/consumer becomes eligible during the treatment episode.

**PURPOSE:** This data is used to match client/consumers served with other DHFS data bases for analysis purposes. Types of analysis include depiction of expenditure data allowing a more complete picture of the resources consumed by this client/consumer population. This information will be used to assess point in time MA eligibility of client/consumers served through the public mental health system.

**LEGAL/COMMITMENT STATUS (Field 9a)**

REQUIRED

DEFINITION:            Voluntary - a person who voluntarily seeks services.

Involuntary civil - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

Involuntary criminal - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial,
- found "not guilty by reason of insanity" or "guilty but insane",
- transfers from correctional institutions.

CODES:

- 1 Voluntary
- 2 Voluntary with settlement agreement
- 3 Involuntary civil - Chapter 51
- 4 Involuntary civil - Chapter 55
- 5 Involuntary criminal
- 6 Guardianship only

NOTES:                    This field relates specifically to CH 51 and CH 55 and represents commitment status of the client/consumer at the beginning of treatment episode.

PURPOSE:                This item can be of importance in understanding variations in length of contact with an agency or in the types of services a client/consumer may receive. In addition, it helps to characterize important variations in client/consumer mix across mental health agencies, which can explain staffing variations and cost differences.

**COMMITMENT STATUS REVIEW DATE (Field 9b)**

OPTIONAL

DEFINITION:            Date when the commitment status review is due to take place.

CODES:                    Enter the eight digit date in the format month/day/full year. This is a future date.

PURPOSE:                For local use in case monitoring/case management.

**BRC TARGET POPULATION (Field 10)**

REQUIRED

DEFINITION:

***This is an overall clinical assessment of service needs*** and should reflect the current rating of the consumer's needs (the six month update). The BRC Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings; confinement in jail; homelessness; and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

Persons in Need of Short-Term Situational Services - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or



## **BRC TARGET POPULATION (Field 10) - continued**

<b><u>DEFINITION:</u></b>	counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.
<b><u>CODES:</u></b>	H Persons in need of ongoing, high intensity, comprehensive services L Persons in need of ongoing, low intensity services S Persons in need of short-term situational services
<b><u>NOTES:</u></b>	<p>Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, and 4 as of 1-1-2002.</p> <p>People who begin a treatment episode with a BRC Target Group code of H or L are required to have Consumer Status Data Set (CSDS) fields 31 through 43 completed at the beginning of the treatment episode, every six months thereafter, and at episode close.</p>
<b><u>PURPOSE:</u></b>	<p>To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.</p> <p>This data will be used to support the efforts of the Department to meet the expectations of the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.</p>

**PRESENTING PROBLEM (Field 11)**

**REQUIRED**

**DEFINITION:** The presenting problem(s) from the client/consumer's perspective at the beginning of a treatment episode is the reason why the client/consumer is seeking services.

**CODES:** Enter at least one and up to three codes from the list below.

- 01 Marital/family problem
- 02 Social/interpersonal (other than family problem)
- 03 Problems coping with daily roles and activities (includes job, school, housework, daily grooming, financial management, etc.)
- 04 Medical/somatic
- 05 Depressed mood and/or anxious
- 06 Attempt, threat, or danger of suicide
- 07 Alcohol
- 08 Drugs
- 09 Involvement with criminal justice system
- 10 Eating disorder
- 11 Disturbed thoughts
- 12 Abuse/assault/rape victim
- 13 Runaway behavior
- 14 Emergency detention

**PURPOSE:** Many managers find the reasons why client/consumers are entering for services as valuable as diagnostic groupings in describing their case load. They are used as both a complement and an alternative to diagnosis in presenting typologies for the client/consumers served.

**DIAGNOSTIC IMPRESSION (Field 12)**

**REQUIRED**

**DEFINITION:** The current diagnosis of the client/consumer's condition per DSM IV on Axis I and/or Axis II and/or Axis III.

**Axis I      Clinical Disorders**  
**Other Conditions That May Be a Focus of Clinical Attention**

**Axis II      Personality Disorders, Mental Retardation**

**Axis III      General Medical Conditions**

**NOTES:** Axis I includes all the varying clinical disorders and includes Substance Disorders. Axis I codes must be used for primary when the BRC Target Population is H.

Axis II is for reporting Personality Disorders and Mental Retardation. However, Mental Retardation diagnoses may not be reported as the first diagnosis entered.

Axis III is used for reporting current general medical conditions (per ICD9) that are potentially relevant to the understanding and management of the consumer's mental disorder. The general medical condition(s) that do not demonstrate sufficient relationship to an Axis I status should still be recorded here, due to potential relationship and prognosis in treatment.

**CODES:** The first diagnosis entered should be an indication of the primary reason the individual is receiving services and should be either Axis I or Axis II. Enter up to four (4) Axis I or Axis II diagnoses. Enter one (1) Axis III diagnosis in the last section of Field 12 when applicable.

**PURPOSE:** This information will be used to provide a description of client/consumers served.

The issue of concurrent disabilities among client/consumers who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance abuse problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental disabilities or mental retardation. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the client/consumer is appropriate, and, significantly, for whether client/consumers who are multiply disabled place greater demands on the resources of an organization.

**COUNTY OF RESIDENCE (Field 13)****REQUIRED****DEFINITION:** County where the client/consumer resides.

<b><u>CODES:</u></b>	01	Adams	37	Marathon
	02	Ashland	38	Marinette
	03	Barron	39	Marquette
	04	Bayfield	40	Milwaukee
	05	Brown	41	Monroe
	06	Buffalo	42	Oconto
	07	Burnett	43	Oneida
	08	Calumet	44	Outagamie
	09	Chippewa	45	Ozaukee
	10	Clark	46	Pepin
	11	Columbia	47	Pierce
	12	Crawford	48	Polk
	13	Dane	49	Portage
	14	Dodge	50	Price
	15	Door	51	Racine
	16	Douglas	52	Richland
	17	Dunn	53	Rock
	18	Eau Claire	54	Rusk
	19	Florence	55	St. Croix
	20	Fond du Lac	56	Sauk
	21	Forest	57	Sawyer
	22	Grant	58	Shawano
	23	Green	59	Sheboygan
	24	Green Lake	60	Taylor
	25	Iowa	61	Trempealeau
	26	Iron	62	Vernon
	27	Jackson	63	Vilas
	28	Jefferson	64	Walworth
	29	Juneau	65	Washburn
	30	Kenosha	66	Washington
	31	Kewaunee	67	Waukesha
	32	La Crosse	68	Waupaca
	33	Lafayette	69	Waushara
	34	Langlade	70	Winnebago
	35	Lincoln	71	Wood
	36	Manitowoc	72	Menominee
			73	Out of State

**PURPOSE:** This field allows multi-county agencies to identify specific counties within their reporting unit. Also allows for identifying those clients/consumers who are out of county residents.

**EPISODE CLOSING DATE (Field 14)**

OPTIONAL

DEFINITION: The date all mental health services are completed and the case is closed.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTE: The module will automatically close an episode when all SPCs for this client/consumer have been closed for 90 days. The Episode Closing Date then becomes the date the last SPC was closed.

PURPOSE: This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

**SOCIAL SUPPORT (Field 15)**

OPTIONAL

DEFINITION: The client/consumer's family/interpersonal relationship status at time of admission in terms of the frequency and quality of contact.

CODES: Family/Marital/Interpersonal Relationships

01	Very frequent contact - positive contact
02	Frequent or more often - usually positive contact
03	Occasional or more often - contact sometimes positive, sometimes negative
04	Contact is usually negative
05	Little or no social support

NOTES: Social support is an overall assessment of the client/consumer's familial, marital, significant other, or close friend/intimate relationships as follows:

<u>Positive</u>	constructive, harmonious, compatible, close relationships with differences or conflicts being worked out;
<u>Negative</u>	destructive, incompatible, distant relationships with unresolved differences or conflicts;
<u>Very Frequent</u>	at least daily;
<u>Frequent</u>	at least weekly;
<u>Occasional</u>	at least monthly;
<u>Significant Others</u>	spouse, children, parent, or close friends or intimates.

PURPOSE: This data has implications for prognosis in terms of potential availability of a support system and figures significantly in the epidemiology of mental illness.

**NUMBER OF CHILDREN (Field 16a)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: The total number of client/consumer's children under the age of 18 years.

**NUMBER OF CHILDREN LIVING WITH THE CLIENT (Field 16b)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: Total number of children under the age of 18 years living with the client/consumer and for whom the client/consumer has custody.

PURPOSE: This data can be used to provide some indication of the client/consumer's support system.

**VETERAN STATUS (Field 17)**

OPTIONAL

DEFINITION: A veteran is any person who has served on active duty in the Armed Forces of the United States, including the Coast Guard. Not counted are those whose only service was in the Reserves, National Guard, or Merchant Marine.

CODES: N = No, not a Veteran  
Y = Yes, has served on active duty

PURPOSE: Veteran status may be associated with particular diagnostic clusters or presenting problems, and may also be a pointer for the need to check on client/consumer history in other mental health service systems.

**REFERRAL SOURCE (Field 18)**

OPTIONAL

**DEFINITION:** The individual or agency that referred the client/consumer for services.

- 01 Self
- 02 Family or friend
- 03 Law enforcement (except court or correction agency)
- 04 Court or correction agency
- 05 School system or education agency
- 06 Social service agency
- 07 Inpatient or residential
- 08 Physician/health care provider
- 99 Other

**PURPOSE:** This is valuable information in a marketing sense, as well as in a clinical sense. Managerially, it is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

**CASE REVIEW DATE (Field 19)**

OPTIONAL

**DEFINITION:** Date when the case review or other agency activity is due to take place.

**CODES:** Enter the 8 digit date in the format month/day/full year.

**NOTES:** Order the L220 report.

**PURPOSE:** For local use in case monitoring/case management. This field is used for generating the L220 report which is sorted by Worker ID (Field 1).

**FAMILY ID (Field 20)**

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client/consumer as the one the entire family will be grouped under on output reports. All other client/consumers in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use in case monitoring/case management.

**LOCAL DATA (Field 21)**

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect information needed by the agency.

PURPOSE: For local use in case monitoring/case management.



**STANDARD PROGRAM CATEGORY/SUBPROGRAM (SPC) (Field 22)****REQUIRED****DEFINITION:**

The specific service (SPC) provided to the client/consumer. The subprogram relates to narrower program initiatives and should be used if appropriate. The following are Mental Health module SPCs which require Unit of Service reporting. Any other appropriate SPCs provided to the client/consumer should be reported even though they may not be listed here. Do not use CORE Cluster SPC codes. SPCs are defined in Appendix E.

<b>SPC/SUB CODE</b>		<b>STANDARD PROGRAM CATEGORY NAME</b>	<b>UNITS TO BE REPORTED</b>
<b><u>Inpatient</u></b>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institution for mental disease	Days
<b><u>Residential</u></b>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
<b><u>Partial Day</u></b>			
108		Work related services	Hours
615		Supported employment	Hours
706		Day center services non-medical	Hours
<b><u>Outpatient</u></b>			
303		Juvenile probation and supervision	Hours
507		Counseling/therapeutic resources	Hours
507	10	Medication management	Hours
507	20	Individual	Hours
507	30	Group	Hours
507	40	Family (or couple)	Hours
507	50	Intensive in-home	Hours
507	60	Family support	Hours
704		Day treatment-medical	Hours
<b><u>Emergency</u></b>			
501		Crisis intervention	Hours
503	20	Emergency room – hospital setting	Hours
<b><u>Other</u></b>			
509		Community support	Hours
510		Comprehensive community services	Hours
604		Case management	Hours

**CODES:**

Enter the 3 digit SPC code (and the 2 digit subprogram code if applicable).

**PURPOSE:**

This information is used to determine the type of services client/consumers receive; it is also used to develop cost centers for cost analyses.

## **SUBPROGRAM DEFINITIONS (Field 22) - continued**

- 503/10      Emergency detention (days)  
Covered in the Wisconsin Mental Health Act, s. 51.15, Stats.
- 503/20      Emergency room (hours) hospital setting
- 507/10      Outpatient - medication management  
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.
- 507/20      Outpatient - individual  
Goal directed, face-to-face therapeutic intervention (including insight oriented, behavior modifying or supportive psychotherapy) with the eligible consumer that focuses on the mental health needs of the consumer.
- 507/30      Outpatient - group  
Goal directed, face-to-face therapeutic intervention with the eligible consumer and one or more consumers who are treated at the same time which focuses on the mental health needs of the consumers in the group. Group shall not exceed 10 clients/consumers and 2 therapists.
- 507/40      Outpatient - family or couple  
Goal directed face-to-face therapeutic intervention with a minimum of two family members that may include the consumer. Services may be in a clinic, home, community or educational setting.
- 507/50      Outpatient - intensive in-home  
Flexible, time limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24 hour accessibility by the family as needed, and intensive supervision by staff.
- 507/60      Outpatient - family support  
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified consumer while the caregiver is preparing meals or coming to the home to be sure that a child is up and ready to go to school.

**SPC START DATE (Field 23)**

REQUIRED

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: The data collected here is used to separate closed services from active client/consumers within an SPC. When SPC End Date and/or Unit of Service information is added to this data, average length of service, service duration, and average service intensity information is generated.

**PROVIDER NUMBER (Field 24)**

REQUIRED

DEFINITION: The number assigned by DHFS to identify the agency, facility, or person that is delivering the SPC to the client/consumer.

CODES: Enter the appropriate 10 digit identification number of the provider or worker who delivers this SPC to the client/consumer. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk. Worker ID numbers can also be used.

NOTES: See Appendix E of this handbook for instructions on requesting Provider Numbers. The terminal operator can do an on-line inquiry of HSRS provider numbers.

PURPOSE: This information is used to produce various reports for local agencies.

**UNITS - DAYS (Field 25)**

REQUIRED FOR APPROPRIATE SPCS

**DEFINITION:** The number of days of care provided for the following SPCs:

<b><u>Inpatient</u></b>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institute for mental disease	Days
<b><u>Residential</u></b>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days

**CODES:** Enter up to 3 digits.**NOTES:** Inpatient or residential program codes not listed here may be used.**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**UNITS - OTHER (Field 26)**

REQUIRED FOR APPROPRIATE SPCS

**DEFINITION:** The number of program activity units the client/consumer has received.**CODES:** This is a 5 digit field with a maximum of 2 decimal places. Enter the appropriate number of hours and fractions of hours to the nearest quarter hour for the following SPCs:**Partial Day**

108	Work related services	Hours
615	Supported employment	Hours
706	Day center services non-medical	Hours

**Outpatient**

303	Juvenile probation and supervision	Hours
501	Crisis intervention	Hours
503	20 Emergency room	Hours
507	Counseling/therapeutic resources	Hours
507	10 Medication management	Hours
507	20 Individual	Hours
507	30 Group	Hours
507	40 Family (or couple)	Hours
507	50 Intensive in-home	Hours
507	60 Family support	Hours
704	Day treatment-medical	Hours
509	Community support	Hours
510	Comprehensive community services	Hours
604	Case management	Hours

**NOTES:** Other non-inpatient or non-residential codes may be used.**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**SPC END DATE (Field 27)****REQUIRED**

**DEFINITION:** The date on which service in this SPC ended.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**PURPOSE:** When this information is added to SPC Start Date and/or Units of Service data reports can be generated identifying average lengths of service or service duration and/or average service intensity. This field is also used to separate closed from active client/consumers within an SPC.

**SPC CLOSING REASON (Field 28)**

**REQUIRED FOR MENTAL HEALTH SPCS LISTED IN FIELD 22.**

**DEFINITION:** The reason the service (SPC) was closed.

**NOTES:** SPC Closing Reason is required for SPCs listed in Field 22 of the handbook and deskcard.

Treatment Not Completed	<b><u>CODES:</u></b>	01	Completed service - major improvement
		02	Completed service - moderate improvement
		03	Completed service - no change
		-----	
		04	Formally transferred to another community based resource
		05	Administratively discontinued service (i.e., no contact with agency for 90 days or noncompliance).
		06	Referred
		07	Withdrew against staff advice or services not wanted
		08	Funding/authorization expired
		09	Incarcerated (local jail or prison)
		10	Entered nursing home or institutional care (IMD, RCC, etc.)
		-----	
		11	No probable cause
		99	Death

**Level of Improvement Explanation (Major, Moderate, No Change)**

For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge.

Major improvement means that most or all areas have improved and there is a good prognosis;

Moderate means that some areas have improved but the prognosis is guarded or fair.

**PURPOSE:** To allow for evaluation of service outcome.

**DELIVERY MONTH/YEAR (Field 29)**

REQUIRED

DEFINITION: The month and year during which units of an SPC were delivered. If reporting quarterly, enter the third month of the quarter.

CODES: Enter a six digit number in the format of month/full year.

PURPOSE: To allow for production of reports connected to a particular month/year.

**SPC REVIEW DATE (Field 30)**

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

NOTES: Order the L330 report.

PURPOSE: For local use in case monitoring/case management.

**BRC TARGET POPULATION UPDATE (Field 31)**

**REQUIRED**

**DEFINITION:**

***This is an update of the overall clinical assessment of service needs (Field 10) and should reflect the current rating of the consumer's needs (the six month update). The six month update is required if the initial BRC code was H or L. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.***

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

Persons in Need of Short-Term Situational Services - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or



## **BRC TARGET POPULATION UPDATE (Field 31) - continued**

**DEFINITION:** counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

**CODES:**

- H Persons in need of ongoing, high intensity, comprehensive services
- L Persons in need of ongoing, low intensity services
- S Persons in need of short-term situational services

**NOTES:** Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, 4.

When BRC Target Population is H, the Primary Diagnostic Impression must be from Axis I.

Entries to Field 31 have no effect on Field 10.

**PURPOSE:** To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

**PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS - DSM IV, AXIS IV (Field 32)****REQUIRED**

**DEFINITION:** Current problems that may affect the diagnosis, treatment and prognosis of mental disorders.

<b><u>CODES:</u></b>	<b>Code</b>	<b>Label</b>	<b>Acute Events</b>	<b>Enduring Circumstances</b>
	1	None	No acute events that may be relevant to the disorder.	No enduring circumstances that may be relevant to the disorder.
	2	Mild	Such as broke up with boy or girlfriend; started or graduated from school; child left home.	Such as family arguments; job dissatisfaction; residence in high crime neighborhood.
	3	Moderate	Such as marriage; marital separation; loss of job; retirement; miscarriage.	Such as marital discord; serious financial problems; trouble with boss; being a single parent.
	4	Severe	Such as divorce; birth of first child; trauma victim; witnessing violence (community or domestic).	Such as unemployment; poverty.
	5	Extreme	Such as death of spouse; serious physical illness diagnosed; victim of rape.	Such as serious chronic illness in self or child; ongoing physical or sexual abuse.
	6	Catastrophic	Such as death of child; suicide of spouse; devastating natural disaster.	Such as captivity as hostage; concentration camp experience.
	0	Inadequate Information		

**NOTES:** Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); relates not only to acute events but also to enduring circumstances.

**PURPOSE:** Provides well accepted information regarding level of stress and gives a more complete picture of the population being served.

**GLOBAL ASSESSMENT OF FUNCTIONING - DSM IV, AXIS V (Field 33)**

**REQUIRED**

**DEFINITION:** The clinician's judgment of the individual's current overall psychological, social and occupational improvement/status.

Enter a specific 2 digit code.

**CODES:**

<b>Code</b>	<b>Description</b>
91 +	Superior functioning in a wide range of activities
81-90	Absent or minimal symptoms, good functioning in all areas
71-80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors
61-70	Some mild symptoms
51-60	Moderate symptoms
41-50	Serious symptoms
31-40	Some impairment in reality testing or communication
21-30	Behavior is considerably influenced by delusions or hallucinations
11-20	Some danger of hurting self or others
01-10	Persistent danger of severely hurting self or others
00	Inadequate information

**NOTES:** Further description of the GAF Scale can be found in the DSM-IV.

**PURPOSE:** Monitor, review and assess change in an individual's goal attainment over time. Proxy for adequacy of services and supports that are provided, given current functioning and symptoms.

**HEALTH STATUS (Field 34)****REQUIRED**

**DEFINITION:** This domain refers to the consumer's current physical health.

**CODES:**

1 No Health Condition

2 **Stable/Capable**  
Person **is capable** of seeking medical attention and is independent in management of health condition.

3 **Stable/Incapable**  
Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

4 **Unstable/Capable**  
Person **is capable** of seeking medical attention and is independent in management of health condition.

5 **Unstable/Incapable**  
Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

6 **New Symptoms/Capable**  
Person **is capable** of seeking medical attention and independently follows through with recommendations.

7 **New Symptoms/Incapable**  
Person **is incapable** or unwilling to seek medical attention and does not follow through with recommendations.

9 Unknown

**Stable Health Conditions**

Has a health condition(s) and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections. This is not an inclusive list.

**Unstable Health Conditions**

Has a health condition(s) and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition(s). If more than one health condition, may result in complex medical treatments. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections. This is not an inclusive list.

**New Symptoms**

Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes (diarrhea or constipation), skin changes, falls, dizziness, weight loss/gain, fatigue, pain, tremors, loss of vision/hearing, infections. This is not an inclusive list.

**NOTES:** This field is not intended to reflect the availability of service or the ability of the consumer to afford the cost of a service.

**PURPOSE:** A consumer's ability or inability to access medical care for health conditions may impact his/her mental health status and overall functioning. A consumer's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. May indicate necessity of coordinating treatment and/or the potential of drug interaction.

**HEALTH CARE APPOINTMENT (Field 35)****REQUIRED**

**DEFINITION:** This domain refers to whether the consumer has accessed health care in the past six months.

**CODES:** Enter three.

	<b>Kept Appointment or No Appointment Needed</b>	<b>Unable to Access Needed Services</b>	<b>Did Not Keep or Refused Appointment</b>	<b>Unknown</b>
Health care appointment	1	2	3	9
Vision care appointment	1	2	3	9
Dental care appointment	1	2	3	9

**NOTES:** Unable to Access Needed Services includes: No provider available, no transportation available, unable to pay for services, provider refused to accept consumer.

**PURPOSE:** Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public mental health consumers.

**SUICIDE RISK (Field 36)****REQUIRED**

**DEFINITION:** Identify the presence of suicide risk factors and reflect the current status.

**CODES:**

<b>Code</b>	<b>Label</b>	<b>Definition</b>
1	No risk factors	
2	Presence of risk factors	Presence of risk factors, but no immediate risk. Risk factors include: <ul style="list-style-type: none"> <li>• Family history of mental or substance abuse disorder</li> <li>• Family history of suicide</li> <li>• Firearm in the home</li> <li>• Incarceration</li> <li>• Adverse life events/major personal loss</li> <li>• Family violence, including physical or sexual abuse</li> </ul>
3	High potential for suicide	Has at least one of these risk factors: <ul style="list-style-type: none"> <li>• Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt</li> <li>• Severe hopelessness</li> <li>• Presence of a suicide note</li> <li>• Contemplation or use of a violent or especially lethal method</li> <li>• Affirmation of intent to kill self</li> <li>• Making out a will or giving away favorite possessions</li> <li>• Inappropriately saying goodbye</li> <li>• Explicit statements of suicidal ideation or feelings</li> </ul>
9	Unknown	

**PURPOSE:** To determine risk level of potential suicide of population in public mental health service system.

**RESIDENTIAL ARRANGEMENT (Field 37)****REQUIRED**

**DEFINITION:** The category that describes the consumer's current residential situation.

<b><u>CODES:</u></b>	<b>Code</b>	<b>Label</b>	<b>Definition/Example</b>
	1	Street or shelter	Homelessness; transient, hotel
	2	Private residence or household	Such as apartment or house; owned or rented
	3	Supported or semi supervised residence	Board and care, supervised apartments, YMCA/YWCA, safe house for children
	4	Specialized facility - on-site supervision	Such as assisted living facility, residential care apartment complex, adult family home, CBRF, halfway house, group home, adult foster home, foster/respite care, treatment foster care, residential care center, domestic abuse shelter
	5	Other institution	Such as hospital, nursing home, IMD, DD center, state institution
	6	Jail or correctional facility	

**PURPOSE:** Describes where the person lives and change of that residence over time.

**DAILY ACTIVITY (Field 38)****REQUIRED**

**DEFINITION:** The current planned activity (including education) of the consumer. Does not include employment activities. Must enter one and may enter up to three codes.

<b><u>CODES:</u></b>	<b>Code</b>	<b>Label</b>	<b>Definition/Example</b>
	1	No educational, social, or planned activity	Not in job training, not in school
	2	Part-time educational activity	Part-time appropriate to the type of school (elementary, high school, college, technical)
	3	Full-time educational activity	Full-time appropriate to the type of school (elementary, high school, college, technical)
	4	Meaningful social activity	Socializing, support network, routine
	5	Volunteer or planned formal activities	Clubs, drop-in
	6	Other activities	Activities of homemaking, caregiving
	9	Unknown	Information not available

**PURPOSE:** Provides a measure of consumer's level of independence and involvement in the community.

**EMPLOYMENT (Field 39)****REQUIRED**

**DEFINITION:** The current employment activity of the consumer. Enter one code.

**CODES:**

<b>Code</b>	<b>Label</b>	<b>Definition/Example</b>
1	Competitive	Employment (part or full-time) in a real (i.e., market) job
2	Temporary	Include seasonal employment
3	Supported	Competitive employment with ongoing long-term support (i.e., the consumer and their employer are actively supported by a CSP team) to structure the job or work environment
4	Sheltered	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
5	Prevocational activity	Job training, transitional, vocational rehab
6	Not working	Wants to work, looking for work and available to accept a job
7	Unemployed/retired	Uninterested in employment
8	Other status	Homemaker, student, caregiver, SSI disabled
9	Not in the labor force	Institutionalization, incarceration, medical reason, other
99	Unknown	

**PURPOSE:** Provides a measure of consumer's level of independence.



**EMPLOYMENT LEVEL (Field 40)****REQUIRED**

**DEFINITION:** If employed (Field 39 codes 1-5), indicate the current hours worked per the following categories.

<b><u>CODES:</u></b>	<b>Code</b>	<b>Label</b>	<b>Definition</b>
	1	Full-time	Totaling 35 or more hours per week. Includes working both full-time and part-time jobs
	2	Part-time	20 - 34 hours per week
	3	Other part-time	Less than 20 hours per week

**LEGAL/COMMITMENT STATUS UPDATE (Field 41)****REQUIRED**

**DEFINITION:** Voluntary - a person who voluntarily seeks service.

Involuntary Civil - a person committed for a noncriminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

Involuntary Criminal - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial
- found not guilty by reason of insanity or guilty but insane
- transfers from correctional institutions

<b><u>CODES:</u></b>	
	1 Voluntary (No commitment status)
	2 Voluntary with settlement agreement
	3 Involuntary civil - Chapter 51
	4 Involuntary civil - Chapter 55
	5 Involuntary criminal
	6 Guardianship

**NOTES:** This field relates specifically to CH 51 and CH 55 and represents an updated commitment status of the client/consumer.

Identify the category that reflects the consumer's current commitment status. This field is a point in time update of the information provided at episode beginning.

**INCARCERATION/INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM (Field 42)****REQUIRED**

**DEFINITION:** Within the last six months. Must enter one (1); may enter up to four (4).

Probation	The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.
Jailed	Means county jails.
Imprisoned	Means state prisons, federal prisons, or forensic units of state hospitals.
Parole	Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.
Juvenile Justice System	<ul style="list-style-type: none"> <li>• Juvenile Correction Institution (JCI)</li> <li>• Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI</li> <li>• Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17</li> </ul>

**CODES:**

<b>Code</b>	<b>Term</b>
1	None
2	On probation
3	Arrest(s)
4	Jailed/imprisoned (includes Huber)
5	On parole
6	Juvenile justice system contact
9	Unknown

**PURPOSE:** To measure level of MH consumer criminal justice involvement.

**FINANCIAL SUPPORTS (Field 43)**

**REQUIRED**

**DEFINITION:** Identify the consumer's primary source(s) of financial support. Must enter one (1), may enter four (4); include all that apply for the current point in time.

**CODES:**

- 1 Paid employment
- 2 Social Security retirement benefits/pension
- 4 Disability payments - VA or private policy
- 5 Worker's compensation
- 6 Food stamps
- 7 Temporary Assistance for Needy Families (TANF) - formerly AFDC
- 8 Trust funds/savings income
- 9 Alimony/maintenance, child support
- 10 Unemployment compensation
- 11 Relatives and/or spouse
- 12 Rent supplements - HUD, Section 8
- 13 County cash assistance - county replacement for General Relief
- 14 None
- 15 Other
- 16 Supplemental Security Income (SSI)
- 17 Social Security Disability Income (SSDI)
- 99 Unknown

**PURPOSE:** Provides information on how individuals support themselves.

## **BIRTH TO 3 PROGRAM MODULE**

### **GENERAL INFORMATION**

Birth to 3 is a comprehensive, statewide system of community-based, family-centered services for young children and their families. The program is designed to assist families in meeting the special developmental needs of their infants and toddlers with developmental delays or disabilities. The Department of Health and Family Services (DHFS) is the lead agency for this interdisciplinary program that brings together resources from the fields of education, health, and social services to meet the special needs of these young children and their families. Services for a particular child or family are identified on an individualized basis depending on the strengths and needs of the child and the concerns and priorities of the family.

Reporting for the Birth to 3 Program is required by chapter HFS 90.05(3)(a) and 90.06(2)(o), Wis. Administrative Code. Data from the reports are used to meet the December 1 Child Count reporting requirements of the U.S. Department of Education, Office of Special Education and Rehabilitative Services, as authorized under 20 U.S.C. 1476(b)(14) and 1418(b)(1) and (5). Data retrieved from the Birth to 3 module is also used in preparation of the Annual Report submitted to the Governor and each house of the legislature. HSRS child count data is used as a part of the state allocation methodology for new funds.

For reporting purposes, a client is a child who has been found eligible for Birth to 3 services and has an Individualized Family Service Plan (IFSP) in place.

### **REPORTING FREQUENCY**

Data must be entered on the Birth to 3 module quarterly for all children participating in the Birth to 3 Program. The data at the end of each quarter (March 30, June 30, September 30, and December 30) must accurately reflect current information about all children in the county system, active or closed. This is particularly important now that the HSRS data is used to determine if therapy providers should receive enhanced reimbursement for therapy provided to eligible Birth to 3 children in natural environments. All children who have IFSPs in place on December 1 must be entered by December 30 to ensure accurate child count reporting to the Federal government.

When children leave the Birth to 3 Program, close the module by the end of the quarter and no later than December 30. There is no requirement for monthly or semimonthly reporting, although the option to use the system on a monthly basis is available to counties.

[illegible]

**WORKER ID (Field 1)**

OPTIONAL

**DEFINITION:** The worker collecting the Birth to Three Program information on the client.

**CODES:** Enter the ten digit number identifying the person collecting the client information.

**NOTES:** Must be 10 digits and must be a valid number on the HSRS Worker File.  
This field may be used for sorting and distribution of output reports.

**CLIENT ID (Field 2)**

REQUIRED - COMPUTER GENERATED

**DEFINITION:** A unique computer generated identifier for each individual reported on HSRS. Three data elements, full legal name, birthdate, and sex, produce a fourteen character identifier which bears no resemblance to the client's name.

**CODES:** Leave blank if name is reported.  
OR  
Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.

**NOTES:** The ID will be generated and returned on the terminal entry screen. Copy ID down or print the screen. Once the ID number is generated, use it on all future input.

**SOCIAL SECURITY NUMBER (Field 3)**

REQUIRED

**CODES:** Enter the client's 9 digit Social Security Number. Leave blank if the number is not available.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 4a - d)**

REQUIRED TO GENERATE ID - THEN OPTIONAL

**DEFINITION:** The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

**CODES:** Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

**NOTES:** Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

**BIRTHDATE (Field 5)**

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.  
Example - May 16, 1996 is 05161996.

**SEX (Field 6)**

REQUIRED

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

Field 7b

**RACE (Field 7b)**

REQUIRED

DEFINITION: The race of the client as determined by the client's parents or guardian. Code as many as apply up to all five.

CODES:

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.



**CLIENT CHARACTERISTICS (Field 8)**

**REQUIRED**

**DEFINITION:** Describes the child according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply, up to three.

**CODES:**

07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
85	Severe health impairments
86	Severe emotional disturbance
78	Communication delay
19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism spectrum
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown - use for children who are significantly delayed without one of the above diagnoses. Change code when diagnosis is established.

**NOTES:** Update this field as appropriate.  
Definitions can be found in the CORE section (Field 7) of this handbook.

**REFERRAL DATE (Field 9)**

**REQUIRED**

**DEFINITION:** The date on which the primary point of referral receives the referral of the child.

**CODES:** Enter an 8 digit number in the format month/day/full year.

Field 10

**REFERRAL SOURCE (Field 10)**

**REQUIRED**

**DEFINITION:** The person or agency that contacts the point of referral to make the referral for the child.

**CODES:**

- |    |                                      |
|----|--------------------------------------|
| 02 | Parent or relative                   |
| 04 | Hospital or specialty clinic         |
| 05 | School district                      |
| 23 | Tribal school or Head Start program  |
| 08 | Physician                            |
| 11 | County social services agency        |
| 22 | CAPTA referral                       |
| 15 | Public health agency                 |
| 16 | Head Start provider                  |
| 17 | Child care provider                  |
| 18 | Tribal health center or tribal CSHCN |
| 19 | CSHCN regional center                |
| 20 | Other health care provider           |
| 21 | Other county staff                   |
| 99 | Other                                |
- 
- |    |   |
|----|---|
| 04 | <u>Hospital or specialty clinic</u> - includes physicians or other staff in hospitals, neonatal intensive care units (NICU), specialty care clinics.  |
| 08 | <u>Physician</u> - refers to the primary care physician for the child such as pediatrician, family care physician.  |
| 11 | <u>County social services agency</u> - includes economic support staff and child protective services if abuse or neglect of child has not been substantiated. Use code 22 if the referral is for a child with substantiated abuse or neglect. |
| 15 | <u>Public health agency</u> - includes public health department nurses, WIC clinic personnel, home visitors employed by public health department.   |
| 16 | <u>Head Start provider</u> - includes Early Head Start and Head Start providers. Tribal Head Start programs should be coded 23.   |
| 17 | <u>Child care provider</u> - includes groups or family child care providers.  |
| 20 | <u>Other health care provider</u> - includes health care providers not listed above.  |
| 21 | <u>Other county staff</u> - includes staff not listed above from a human service department or department of community programs.  |
| 22 | <u>CAPTA referral</u> - child has been referred under the requirements of Child Abuse Prevention and Treatment Act (CAPTA) due to a substantiated case of abuse or neglect.   |
| 99 | <u>Other</u> - refers to non-health care providers.   |

**PURPOSE:** Identifying referral sources will help evaluate the success of outreach, child find efforts, and interagency coordination at the local and state level. Programs will be able to analyze their success in reaching special target groups and identify specific groups for outreach. The information may assist programs in identifying other agencies the family is connected with.

**COUNTY OF RESIDENCE (Field 11)****REQUIRED****DEFINITION:** The county in which the child being served by this program lives.

<b><u>CODES:</u></b>	01	Adams	37	Marathon
	02	Ashland	38	Marinette
	03	Barron	39	Marquette
	04	Bayfield	40	Milwaukee
	05	Brown	41	Monroe
	06	Buffalo	42	Oconto
	07	Burnett	43	Oneida
	08	Calumet	44	Outagamie
	09	Chippewa	45	Ozaukee
	10	Clark	46	Pepin
	11	Columbia	47	Pierce
	12	Crawford	48	Polk
	13	Dane	49	Portage
	14	Dodge	50	Price
	15	Door	51	Racine
	16	Douglas	52	Richland
	17	Dunn	53	Rock
	18	Eau Claire	54	Rusk
	19	Florence	55	St. Croix
	20	Fond du Lac	56	Sauk
	21	Forest	57	Sawyer
	22	Grant	58	Shawano
	23	Green	59	Sheboygan
	24	Green Lake	60	Taylor
	25	Iowa	61	Trempealeau
	26	Iron	62	Vernon
	27	Jackson	63	Vilas
	28	Jefferson	64	Walworth
	29	Juneau	65	Washburn
	30	Kenosha	66	Washington
	31	Kewaunee	67	Waukesha
	32	La Crosse	68	Waupaca
	33	Lafayette	69	Waushara
	34	Langlade	70	Winnebago
	35	Lincoln	71	Wood
	36	Manitowoc	72	Menominee

**NOTES:** The county may or may not be the same as the county providing services to the child.

**LOCATION OF SERVICES (Field 12)**

REQUIRED

**DEFINITION:** The environment in which services are provided. Enter the primary location of services first. Code as many as apply up to three.

**CODES:**

- 1 Home
- 2 Family child care - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
- 3 Child care center - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
- 4 Outpatient services - are services provided at a center, clinic, or hospital where the child comes for short periods of time to receive services. These services may be delivered individually or to a small group of children.
- 5 Early intervention center - is a setting which refers to an organized program of at least 1 hour in duration provided on a regular basis. This is a setting designed for children with developmental delays or disabilities.
- 6 Hospital - child must be receiving service on an inpatient basis.
- 7 Residential - refers to a treatment facility which is not primarily medical in nature, where the child resides in order to receive early intervention services.
- 8 Other setting - is any service setting not included above. For example, if the child receives no direct services, count as Other.
- 9 Other program designed for typically developing children. Most of the children in this setting do not have disabilities.

**START DATE (Field 13)**

REQUIRED

**DEFINITION:** The date when the initial IFSP is developed.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**CLOSING DATE (Field 14)**

REQUIRED

**DEFINITION:** The date the child leaves the Birth to 3 Program and no longer receives early intervention services. In most cases, this date should be no later than the child's third birthday. If the child receives services past the third birthday as part of transition follow-up, the closing date may be as late as 30 days past the third birthday. If the child has an IEP in place and receives continued services during the summer from the Birth to 3 Program, use the last date of services.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**CLOSING REASON (Field 15)**

REQUIRED

DEFINITION: The reason the child is leaving the program in the county.

CODES:

21	Turned 3, eligible for early childhood special education.
22	Turned 3, not eligible for early childhood special education. Referred to other programs.
23	Turned 3, not eligible for early childhood special education. Not referred to other programs.
24	Turned 3, special education eligibility not completed.
25	No longer in need of services. Successful completion of the IFSP prior to age 3.
26	Family chose to discontinue services
27	Moved within state
28	Moved out of state
29	Death of child
30	Attempts to contact the family were unsuccessful. Child under 3 and has an active IFSP. Include any other reasons for exiting prior to age 3.
31	Turned 3, but parents did not consent to transition planning.
32	Turned 3, not referred for an evaluation.

**CLOSING REASON DEFINITIONS**

- |    |  |
|----|--|
| 21 | <u>Turned 3, eligible for early childhood special education</u> - is for a child served in the Birth to 3 Program who reached maximum age and was determined to be <u>eligible</u> by an IEP team for early childhood special education services or related services (or speech therapy) during the reporting period.  |
| 22 | <u>Turned 3, not eligible for early childhood special education. Referred to other programs</u> - includes a child served in the Birth to 3 Program who reached maximum age and was determined by an IEP team not to be eligible for early childhood special education services. The Birth to 3 Program staff discussed and explored other options at age 3 with the parents.                                      |
| 23 | <u>Turned 3, not eligible for early childhood special education. Not referred to other programs</u> - is used for a child served in the Birth to 3 Program who reached maximum age and was determined by the IEP team <u>not to be eligible</u> for early childhood special education services. The Birth to 3 Program staff did not discuss other options at age 3 with the parents during a transition planning. |
| 24 | <u>Turned 3, special education eligibility not completed</u> - is used for a child who was referred for an evaluation to determine special education eligibility but eligibility has not yet been determined by an IEP team. See items 31 and 32 for reasons in which the child turned 3 but was not referred for a special education evaluation.  |

**CLOSING REASON (Field 15)** - continued

**CLOSING REASON DEFINITIONS (Field 15)** - continued

- 25 No longer in need of services. Successful completion of the IFSP prior to age 3 - is used for a child who has met the outcomes on his or her IFSP, and no longer requires services under the Birth to 3 Program. The IFSP team, including the parents, makes this determination.
- 26 Family chose to discontinue services - is used for a child whose parents declined all services after an IFSP was in place and provided written or verbal indication of withdrawal from services.
- 27 Moved within state - is used for a child who moved within Wisconsin during the reporting period. This definition includes a child for whom services are known to be continuing in another county.
- 28 Moved out of state - is used for a child who moved out of Wisconsin during the reporting period.
- 29 Death of child - is used for a child who died during the reporting period.
- 30 Attempts to contact the parent and/or child were unsuccessful. Child is under 3 and has an active IFSP. Include other reasons for exiting prior to age 3 - is used for a child with an active IFSP who has not reached the maximum age and for whom Birth to 3 personnel have been unable to contact or locate the family or child after repeated, documented attempts.
- 31 Turned 3, but parents did not consent to transition planning - is used for a child who was not referred for an evaluation to determine special education eligibility because the parents did not consent.
- 32 Turned 3, not referred for an evaluation - is used for a child who was not referred for an evaluation because it was believed that he or she is not a child with a disability (as defined by special education law).

**TRANSITION PLANNING CONFERENCE DATE (Field 16)**

REQUIRED WHEN APPLICABLE

**DEFINITION:** The date of the child's transition planning conference. This includes transition planning for children not going to early childhood special education. Leave blank if child has not had a transition planning conference.

**CODES:** Enter an 8 digit number in the format month/day/full year.

**SERVICE (Field 17)**

REQUIRED

DEFINITION: The services provided to the child.

CODES:

01	Assistive technology	09	Occupational therapy
02	Audiology	10	Physical therapy
03	Communication services	11	Psychological services
04	Family education and counseling	12	Social work
05	Health services	13	Special instruction
06	Medical services	14	Transportation
07	Nursing services	15	Vision services
08	Nutrition services	16	Other
		17	Service coordination

NOTES: Services default to SPC 706 Day Center Services-non-medical.  
Target Group defaults to 64 Children and Family.

**SERVICE START DATE (Field 18)**

REQUIRED

DEFINITION: The projected date of initiating each service as written on the IFSP.

CODES: Enter an 8 digit number in the format month/day/full year.

**SERVICE END DATE (Field 19)**

OPTIONAL

DEFINITION: The date on which delivery of this service ended.

CODES: Enter an 8 digit number in the format month/day/full year.

**UNITS (Field 20)**

OPTIONAL

DEFINITION: The number of service activity units the client has received. The type of units reported is at each agency's discretion and will only have local meaning.

CODES: Enter up to 3 whole numbers and 2 decimal places.

**DELIVERY DATE - MONTH/YEAR (Field 21)**

OPTIONAL

DEFINITION: The month and year during which units of a service were delivered.

CODES: Enter a 6 digit number in the format month/full year.

NOTES: Will default to the current month and year the data is being keyed.

**PROVIDER NUMBER (Field 22)**

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the service to the child.

CODES: Enter the 10 digit identification number of the provider.

NOTES: Provider numbers are assigned by the State and may be obtained by sending an e-mail message, faxing or mailing a request to the SOS Desk. (See Appendix H.)

**SERVICE REVIEW DATE - MONTH/YEAR (Field 23)**

OPTIONAL

DEFINITION: The date when the next review of this service is due to take place.

CODES: Enter the 6 digit date in the format month/full year.

NOTES: Order the L-330 (Review Date Tickler) to get a listing of reviews due.



## **LONG-TERM SUPPORT MODULE**

### **COMMUNITY OPTIONS PROGRAM**

The Community Options Program (COP) is Wisconsin's state funded nursing home preadmission screening and diversion program. In each county, the program is administered by a lead agency. The lead agency can be a human services department, a department of social services, a department of community programs or a joint department of community programs - department of social services, and aging departments.

### **MA COMMUNITY WAIVERS**

The Medicaid Home and Community Based Services waivers permit the use of Medicaid funding to provide home and community based services not ordinarily allowed as state plan services under Wisconsin's Medical Assistance Program (WMAP).

#### CIP II AND COP-W

CIP II and COP-W provide funding for community services for elderly and physically disabled persons who are relocated or diverted from nursing homes. Some developmentally disabled persons who do not require active treatment may also be served under these waivers.

#### COMMUNITY INTEGRATION PROGRAM 1A (CIP 1A)

CIP 1A provides funding for community services for persons with developmental disabilities who are relocated or diverted from any of Wisconsin's State Centers for the Developmentally Disabled.

#### COMMUNITY INTEGRATION PROGRAM 1B (CIP 1B)

CIP 1B provides funding for persons relocated or diverted from ICF/MR facilities other than State DD Centers or from any licensed general nursing home.

#### BRAIN INJURY WAIVER (BIW)

The Brain Injury Waiver (BIW) provides funding for persons with traumatic brain injuries who are relocated or diverted from nursing home or hospital units designated by the Wisconsin Medical Assistance Program (WMAP) as facilities for brain injury rehabilitation.

#### CHILDREN'S LONG-TERM SUPPORT WAIVERS (CLTS-W)

CLTS-W are three separate Home and Community Based Services intended to provide support to families with children that have needs associated with developmental disability, physical disabilities, or severe emotional disturbances/mental illness. Services are intended to support continued community living at home with natural families.

#### ICF-MR RESTRUCTURING INITIATIVE

This initiative allows counties to have access to the funds that pay for individuals with a developmental disability in an ICF-MR or nursing home. The county may use the funds available for an individual to continue their residence in the ICF-MR or they may choose to relocate him or her to the community. The county will access community services for the person through the CIP 1B Home and Community Based Waiver. The initiative also restricts admissions to private or county operated ICF-MR facilities.

## **COMMUNITY INTEGRATION PROGRAM CIP 1A AND 1B**

The Community Integration Program 1A (CIP 1A) provides the option of living in the community and receiving community services. It serves individuals relocated or diverted from any of Wisconsin's three Centers for the Developmentally Disabled. CIP 1A allows the cost of covered home and community based services to be reimbursed by Medicaid. The program uses an individualized service planning process and promotes the integration of persons with developmental disabilities into the life of their communities. CIP 1A promotes the use of independent living arrangements or small residential settings and integrated work or educational sites as the preferred setting for services.

The Community Integration Program 1B (CIP 1B) provides the option of home and community based services to persons with developmental disabilities who would otherwise be served in any type of ICF-MR or nursing home excluding the State Centers for DD. Specifically, CIP 1B serves persons with a developmental disability who were residents of a Intermediate Care Facility for the Mentally Retarded (ICF-MR) other than the Centers for the Developmentally Disabled and relocate to the community or people who are eligible for admission to ICF/MR. CIP 1B is identical to CIP 1A in the types of services covered. Most of the administrative requirements of the program are the same as well.

An individual already living in the community may become a CIP 1A or 1B participant (with the approval of BDDS - Community Integration Specialists [CIS]), if they replace a CIP 1A or 1B participant previously living in the community, who left the program. In CIP 1B an individual living in the community may also enroll in CIP 1B if they receive approval/further service plan by State CIS.

Because CIP 1A and 1B must meet federal (as well as state) reporting requirements under the Medicaid program, the program participant (i.e., the Medicaid eligible individual for whom an individual service plan has been developed) must be reported on the HSRS.

CIP 1A/B also provide various options for waiver participants to manage their own services.

## **BRAIN INJURY WAIVER (BIW)**

The Brain Injury Waiver (BIW) provides funding for the same home and community based services as CIP 1A and CIP 1B but serves only persons who have a brain injury as defined in 51.01(2)(g), Wis. Stats.

Brain injury is defined as any injury to the brain, regardless of age of onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury. It includes injuries that are vascular in origin (CVA or aneurysm) if received by a person prior to his or her attaining the age of 22 years. Brain injury does not include alcoholism, Alzheimer's disease or other infirmities of aging.

In addition, persons must be receiving, or be eligible to receive, postacute rehabilitation services in a nursing home or hospital designated as a special unit for brain injury rehabilitation by the WMAP. The person has as a result of the injury significant physical, cognitive, emotional and/or behavioral impairments, which meet the level of care as defined in the WMAP, prior authorization for admission to a nursing home or hospital designated for brain injury rehabilitation, and which are expected to continue indefinitely. Persons meeting the above criteria will be eligible for the waiver if:

1. The person is in a nursing home or hospital designated as a facility for brain injury rehabilitation by the WMAP, is receiving services under the WMAP and further inpatient rehabilitation is not required, but the person needs a high level of intense and continuous rehabilitation (supervision and services) available under the waiver to reenter the community.

OR

2. The person has been referred for placement in such a facility, is MA eligible and meets the level of care for admission, but intensive services under the waiver could be provided in the community in lieu of placement.

Level of care and prior authorization for admission are determined by the Division of Health, Bureau of Health Care Financing.

The BIW covers the same services as CIP 1A and CIP 1B. The BIW must meet federal and state reporting requirements under the Medicaid program and is to be reported on the HSRS.

## **CHILDREN'S LONG-TERM SUPPORT WAIVERS**

Children with long-term support and special health care needs in Wisconsin have available to them a variety of program supports and services. The children's redesign initiative includes three federal home and community based services waivers, as well as coordination with other funding resources such as Family Support and Community Options Programs. There are also related administrative efforts for intake, referral, coordination and quality assurance with the intent to better coordinate supports for children with long-term support and special health care needs.

The new waivers include one for children with a developmental disability, one for children with a physical disability and one for children with severe emotional disturbances or mental illness. Within the DD and MH CLTS Waivers, children with autism have coverage for an intensive in-home autism service that was previously available through the Medicaid State Plan. A child will only be eligible for the specialized service for a three year period but then will be eligible for other ongoing waiver services up to the age of 22.

CLTS-W also provides various options for waiver participants to manage their own services.

## **REGISTER OF ELIGIBLE APPLICANTS**

County agencies are required to register on the Human Services Reporting System applicants of any age who, based on a preliminary review of functional and financial eligibility, are likely to meet the functional and financial eligibility, are likely to meet the criteria for COP or Medicaid waivers participation but who are not yet receiving funding. The purpose of using HSRS to register these applicants is to build a statewide registry containing standardized information that may be used to do effective program planning. Persons to be entered on this HSRS applicant registry include those who are:

- Currently in an institution and who request COP or Medicaid waivers services; or,
- Currently receiving no publicly funded community long-term care services; or,
- Currently receiving some publicly funded community long-term care services, but not from COP or a Medicaid waiver.

**Note:** Participants who are already receiving COP or Medicaid waiver funded services are not to be placed on this registry.

## **ICF-MR RESTRUCTURING INITIATIVE**

The ICF/MR Restructuring Initiative applies to individuals who have a developmental disability level of care and who resided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or nursing home in 2004.

The ICF/MR Restructuring Initiative provides two fundamental changes: (1) New admission restrictions and corresponding changes in periodic review processes, and (2) Realignment of funding mechanisms and responsibilities, so that funding that currently supports a person in an ICF/MR can follow that person into the community.

## MODULE TYPE A

[illegible]

**NOTE:** Street address, city, state, zip code and county are required for CIP 1A, 1B, BIW and CLTS-W on the back of this form.

**(Module Key:**

)

**NOTE:** Street address, city, state, zip code and county are required for CIP 1A, 1B, BIW and CLTS-W.

(Module Key:

)

**Shaded areas are optional.**

**WORKER ID (Field 1)**

OPTIONAL

DEFINITION: The worker collecting the Long-Term Support data on the participant.

CODES: Enter the ten digit code identifying the person collecting the data on the participant.

NOTES: Must be 10 numbers. Must be a valid number from the HSRS worker or provider file.

This field may be used for the sorting and distribution of output reports.

**NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 2a-2d)**

REQUIRED

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used. Using only full legal name for all clients throughout the state will help to protect the integrity of the unique Client ID number.

CODES: Enter the full legal name of the client. If the client has no legal first name, then enter the word None. If no middle name and/or suffix, leave those fields blank. If more than one middle name, use the first middle name.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, spaces between letters within the name, or any other punctuation marks are accepted. Hyphenated names should be written without a hyphen or space between the names.

**MA OR SOCIAL SECURITY NUMBER (Field 3)**

MA NUMBER REQUIRED IF APPLICABLE  
OPTIONAL - SOCIAL SECURITY NUMBER

DEFINITION: The medical assistance identification number or social security number which has been assigned to this client.

CODES: Enter the client's 10 digit medical assistance number, or the 9 digit social security number.

**CLIENT ID (Field 4)**

REQUIRED - COMPUTER GENERATED

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three elements, full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if none is known to exist for this person.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

OR

If the ID is already generated, enter the 14 character HSRS Client Identification number - one letter followed by 13 numbers.

NOTES: If a person receiving a LONG-TERM SUPPORT service is already registered on HSRS (on CORE or another Module), you should enter the client ID and skip name, birthdate, sex, Hispanic/Latino indicator and race.

**BIRTHDATE (Field 5)**

REQUIRED

DEFINITION: Birthdate of the client.

CODES: Enter the 8 digit birthdate of the client using month/day/full year format. Example: June 3, 1980 is 06031980.

NOTES: Must be 8 numbers. Must be prior to the current date. Year must be later than or equal to 1860.

**SEX (Field 6)**

REQUIRED

DEFINITION: Gender of the client.

CODES: F = Female  
M = Male

**HISPANIC/LATINO (Field 7a)**

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes  
N = No

**RACE (Field 7b)**

REQUIRED

DEFINITION: The race of the client as determined by the participant. Code as many as apply up to all five.

CODES: A = Asian  
B = Black or African American  
W = White  
P = Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.



**CLIENT CHARACTERISTICS (Field 8)**

**REQUIRED**

**DEFINITION:** Describes the client according to selected personal, social and demographic factors that are of interest to the agency. Code as many as apply up to three.

**CODES:** Enter up to three codes from the list below that best describe the client.

- 02 Mental illness (excluding SPMI)
- 03 Severe and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 18 Alzheimer's disease/related dementia\*\*
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 34 Developmental disability - brain injury - occurred at age 21 or earlier
- 35 Developmental disability - brain injury - occurred after age 21\*
- 36 Other handicap
- 37 Fragile/frail medical condition - not for use as first client characteristic
- 55 Frail elderly
- 57 Abused/neglected elder
- 77 Challenging behavior - not for use as first client characteristic
- 86 Severe emotional disturbance
- 87 Prader Willi
- 88 Asperger Syndrome
- 89 Pervasive developmental disorder
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee

**NOTES:** Code definitions.

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.

## **CLIENT CHARACTERISTICS (Field 8) - continued**

### Code definitions - continued

- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering effects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 18 Alzheimer's disease/related dementia – Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, irreversible multi-infarct disease, Parkinson's disease, Pick's disease, progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.

## **CLIENT CHARACTERISTICS (Field 8) - continued**

### Code definitions - continued

- 23    Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 25    Developmental disability - autism - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person. Autism is a disorder of development of brain functions. For a diagnosis of autism, the main symptoms must be clear before the age of three years. People with autism have markedly abnormal or impaired function in communication and social interaction and a markedly restricted repertoire of activity and interest. In most cases there is an associated diagnosis of cognitive disability or mental retardation. Many people also have significant behavioral issues. If a person has Asperger Syndrome, code 88 and do not use this code. If a person has a pervasive developmental disorder, code 89 and do not code 25 for autism or 88 for Asperger Syndrome.
  
- 26    Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 27    Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 28    Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
  
- 32    Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
  
- 34    Developmental disability - brain injury - at age 21 or earlier - Includes persons who have had a loss of neurological brain function due to an injury or illness occurring at age 21 or earlier.
  
- 35    Developmental disability - brain injury - occurred after age 21 - Includes persons who have had a loss of neurological brain function due to an injury or illness occurring after age 21.
  
- 36    Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.

## **CLIENT CHARACTERISTICS (Field 8) - continued**

### Code definitions - continued

- 37 Fragile/frail medical condition - The person is at higher risk for harm and has exceptional support needs due to fragile medical condition.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected elder - Includes persons who are elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s. 46.90.
- 77 Challenging behavior - The person is at higher risk for harm and has exceptional support needs due to challenging behavior.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 87 Prader Willi - A chromosomal disorder resulting in a syndrome characterized by infantile hypotonia, hypogonadism, and obesity. A genetic syndrome with three phases: 1) infancy with hypotonia and failure to thrive; 2) childhood with decreased eye slits, hypogonadism, hypoplastic scrotum, hyperphagia (ravenous appetite) with central obesity but small hands and feet, cognitive impairments (mental retardation or learning disabilities and language impairments; and 3) young adulthood with increased severity of childhood symptoms coupled with severe behavior and emotional symptomatology and, occasionally, thought disorders. This syndrome reflects a hypothalamic dysfunction secondary to an alteration of the chromosomal material on chromosome 15 (see also Angelman syndrome). Without adequate dietary management, life expectancy is limited by heart failure and Pickwickian symptoms secondary to obesity.

## **CLIENT CHARACTERISTICS (Field 8) - continued**

### Code definitions - continued

- 88 Asperger syndrome - autism - A disorder on the spectrum of autism. People with Asperger Syndrome may have average to higher IQ's, yet have severe and sustained impairment in social interaction as well as restrictive repetitive patterns of behavior, interests and activities. People may also have communication difficulties. These characteristics create impairments in social, occupational or educational, or other daily functions. If a person has a diagnosis of Asperger Syndrome, code 88 and do not code 25 for autism or 89 for pervasive developmental disorder.
- 89 Pervasive developmental disorder - Not otherwise specified includes atypical autism. People with this diagnosis have severe and pervasive impairment in development of reciprocal social interaction as well as stereotyped behaviors. Typically these symptoms have a later onset and atypical symptoms such that the diagnosis of autism and other conditions have been ruled out. If a person has a diagnosis of pervasive developmental disorder, code 89 and do not code 88 Asperger Syndrome or 25 autism.

For COP, COP-W, and locally matched CIP 1B, the first Client Characteristic is used for monitoring significant proportions.

- \* For COP purposes, code 35 clients are counted as physical disability.
- \*\* For COP purposes, code 18 clients under 65 are counted as physical disability, clients 65 and over are counted as elderly.

**LEVEL OF CARE (Field 9)**

**REQUIRED**

**DEFINITION:** The person's level of care as determined from either: a) the rating assigned by the Division of Health to a completed Physician's Plan of Care (PPOC) form; or b) the person's highest eligibility level as determined from the COP functional screen.

**CODES:**

- 1 = Highest functional screen eligibility is Level I.
- 2 = Highest functional screen eligibility is Level IIA - person is not DD.
- 3 = Highest functional screen eligibility is Level IIB.
- \*4 = Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.
- \*5 = Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD or does not meet functional screen Levels I or II.
- \*6 = Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.
- 7 = Functional screen Level IV - does not meet any of the above Levels of Care or is grandfathered in with ICF 3, 4 or ICF-MR 4-level of care determination prior to 11/1/83.
- \*8 = Has been ongoing COP recipient prior to 1/1/86 and is therefore COP eligible without a level of care determination.
- \*9 = Has not had a level of care assigned as yet - level of care will be determined **PRIOR** to service provisions.
- B = Brain Injury.
- \*\*M = DD1A - DD people whose health status is fragile, unstable or relatively unstable.
- \*\*N = DD1B - DD people requiring considerable guidance and supervision.
- \*\*O = DD2 - Moderately retarded adults with emphasis on skills training.
- \*\*P = DD3 - Mildly retarded with emphasis on refinement of social skills and attainment of domestic and vocational skills.
- R = DD1 - Children
- S = Psychiatric hospital - children
- T = Nursing home - children
- U = Hospital - children

**NOTES:**

- \* Codes 4, 5, 6, 8 and 9 are not waiver eligible codes.
- Codes M, N, O, and P are for use with LTS codes (Field 26) 1, 4, and 8.
- Codes R, S, T, and U are for use with Children's Waivers only.
- \*\*Detailed definitions may be found in MA Waiver Manual Appendix G.

**MARITAL STATUS (Field 10)**

REQUIRED

DEFINITION: The marital status of the client.

CODES:

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widow/widower
- 5 = Never married
- 6 = Legally separated
- 9 = Unknown/other

**LIVING ARRANGEMENT - PRIOR, CURRENT, PEOPLE (Field 11)**

REQUIRED

DEFINITION: PRIOR AND CURRENT - The place where the program participant generally resides or resided prior to and during their placement in a long-term support program.

PEOPLE - The relationship of the people who share a dwelling with the program participant during their placement in a long-term support program.

CODES:

PRIOR AND CURRENT

- 06 State mental health institute - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 07 ICF/MR: not state center - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 21 Adoptive home
- 22 Foster home - nonrelative
- 23 Foster home - relative
- 24 Treatment foster home
- 27 Shelter care facility
- 30 Person's home or apartment
- 32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 37 Adult family home 1-2 beds - not valid for CLTS-W
- 38 Adult family home 3-4 beds - not valid for CLTS-W
- 43 Child group home
- 44 Residential care center (children)
- 50 Brain injury rehab unit - hospital
- 51 Brain injury rehab unit - nursing home
- 60 Supervised community living - not valid for CIP 1, BIW, CLTS-W
- 61 CBRF 5-8 beds

**LIVING ARRANGEMENT - PRIOR, CURRENT, PEOPLE (Field 11) - continued**

- 63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 64 CBRF 9-16 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 65 CBRF 17-20 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 66 CBRF 21-50 beds - not a current living arrangement for CIP 1, and BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 67 CBRF 51-100 beds - not a current living arrangement for CIP 1, and BIW and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 68 CBRF over 100 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 70 Residential care apartment complex - only for COP-W and CIP II participants - may be used for COP assessment, plan, and applicant register
- 98 Other living arrangement - only for COP assessment, plan, and applicant register

**PEOPLE**

- 05 Living alone
- 09 Living alone with attendant care
- 10 Living with immediate family
- 11 Living with immediate family with live-in attendant care
- 15 Living with extended family
- 16 Living with extended family with live-in attendant care
- 18 Living with others
- 19 Living with others with live-in attendant care
- 90 Transient housing situation



**NATURAL SUPPORT SOURCE (Field 12)**

REQUIRED

DEFINITION: The social network available to a waiver participant to support them in functioning successfully in the community.

CODES:

1	Parent
2	Spouse
3	Child
4	Other relative
5	Nonrelative
6	None

**TYPE OF MOVEMENT/PRIOR LOCATION (Field 13)**

REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Indicates two separate facts about the program participant:

- (1) whether or not the participant was:
  - a. actually a resident of some type of nursing home immediately prior to the start date in the LTS program and moved out of it to reside in the community (relocation); or
  - b. eligible for nursing home admission, was not a recent resident of a nursing home and is reentering the LTS program from the community; and
- (2) for relocation participants only, the type of nursing home or ICF/MR from which the participant initially moved. Do not change this code if the participant merely switches between different waivers. This second factor does not apply to diverted clients.

CODES:

N	=	The person has been <u>relocated from a general nursing home</u> licensed under HFS 132. Do not enter an N if the person was <u>diverted</u> from any type of licensed nursing home. (Allowable for COP, COP-W, and CIP2.)
F	=	The person was <u>relocated from an ICF/MR facility</u> licensed under HFS 134 rules also known as a Facility for the Developmentally Disabled (FDD).
D	=	The person was <u>diverted from entering any type of institution</u> .
B	=	The person was <u>relocated from a brain injury rehabilitation unit</u> of a hospital or nursing home.

NOTES: ICF/MR facilities are also known as Facilities for the Developmentally Disabled (FDD) and are all licensed under HFS 134. They include the state centers for the developmentally disabled and a distinct ICF/MR unit of a general nursing home.

Nursing homes licensed under HFS 132 rules are general nursing homes.

This field is optional for COP Assessment and Plan. It must be entered before COP SPCs can be reported.

**SPECIAL PROJECT STATUS (Field 14)**

REQUIRED IF APPLICABLE

**DEFINITION:** Indicates whether the participant is enrolled in one of the programs listed below.

**CODES:** F = Family care participant moves to a non family care county  
 I = ICF-MR initiative  
 L = Recipient of a CIP II nursing home relocation loan slot

**COUNTY OF FISCAL RESPONSIBILITY (Field 15)**

REQUIRED

**DEFINITION:** The county that has financial responsibility for the client.

01	Adams	37	Marathon
02	Ashland	38	Marinette
03	Barron	39	Marquette
04	Bayfield	40	Milwaukee
05	Brown	41	Monroe
06	Buffalo	42	Oconto
07	Burnett	43	Oneida
08	Calumet	44	Outagamie
09	Chippewa	45	Ozaukee
10	Clark	46	Pepin
11	Columbia	47	Pierce
12	Crawford	48	Polk
13	Dane	49	Portage
14	Dodge	50	Price
15	Door	51	Racine
16	Douglas	52	Richland
17	Dunn	53	Rock
18	Eau Claire	54	Rusk
19	Florence	55	St. Croix
20	Fond du Lac	56	Sauk
21	Forest	57	Sawyer
22	Grant	58	Shawano
23	Green	59	Sheboygan
24	Green Lake	60	Taylor
25	Iowa	61	Trempealeau
26	Iron	62	Vernon
27	Jackson	63	Vilas
28	Jefferson	64	Walworth
29	Juneau	65	Washburn
30	Kenosha	66	Washington
31	Kewaunee	67	Waukesha
32	La Crosse	68	Waupaca
33	Lafayette	69	Waushara
34	Langlade	70	Winnebago
35	Lincoln	71	Wood
36	Manitowoc	72	Menominee
		92	Oneida Tribe

**COURT ORDERED PLACEMENT (Field 16)**

REQUIRED

DEFINITION: Indicates whether or not the client's community placement and initial participation is the result of, and was made pursuant to, a court order under s. 55.06 of Wisconsin Statutes.

CODES: Y = Yes  
N = No

**MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)**

REQUIRED

DEFINITION: The basis of a client's financial eligibility for Medical Assistance.

CODES: A = Categorically eligible  
B = Categorically financially eligible - special income limit  
C = Medically needy  
D = COP eligible (required for applicant register)

NOTES: Code D - COP eligible must be used for the applicant register, and must be updated when applicant begins waiver services

**INDICATOR FOR WAIVER MANDATE (Field 18)**

REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Documents that a client's eligibility has been reviewed and complied with COP-MA Waiver mandate.

CODES: A = MA Waiver eligible  
B = Not MA Waiver eligible  
C = MA Waiver eligible but exempt

NOTES: Medicaid Waiver Funds must be used in lieu of COP funds to provide services to an individual if that individual is determined to be eligible for waiver services.

**EPISODE END DATE (Field 19)**

REQUIRED WHEN SERVICES END

DEFINITION: The date on which the person terminated the program and last received services. This date should be entered only if the person's participation in the Long-Term Support Program has terminated.

CODES: Enter an 8 digit date in the format of month/day/full year (mm/dd/yyyy).

**CLOSING REASON (Field 20)**

REQUIRED WHEN SERVICES END

DEFINITION: The reason why the participant will no longer receive services.

CODES: Enter the two digit code of the appropriate reason for terminating the client's participation.

- 05 Moved out of state
- 06 Died
- 09 Service not available
- 11 Not or no longer income/asset eligible
- 14 Not or no longer level of care eligible
- 21 Services arranged without agency involvement
- 24 Insufficient funds in COP to provide services
- 32 Rejected individual service plan (ISP)
- 35 Private pay/other public funding sources used to pay for service
- 38 Voluntarily declined or terminated services
- 39 Transferred to or preferred nursing home care
- 41 Transfer to joint lead agency
- 43 Ineligible living arrangement
- 44 Moved out of county/closed on LTS
- 45 Moved out of county/still open on LTS
- 46 Refused to supply needed financial documentation
- 47 Transfer to Pace Program
- 48 Transfer to Partnership Program
- 50 Not eligible - residency requirement (COP only)
- 51 Declined further services due to estate recovery
- 52 Moved to and now resides in DD Center
- 53 Moved to and now resides in ICF-MR
- 54 Moved to and now resides in IMD
- 55 Cannot support safe care plan/behavioral challenges
- 56 Cannot support safe care plan/medical issues
- 57 No formal/informal supports available in community
- 58 County has exceeded CBRF cap

**SLOT NUMBER (Field 21)**

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The unique number for each CIP I, BIW or CLTS-W slot.

CODES: The first four numbers are the reporting unit code. The last four numbers are assigned by the Bureau of Developmental Disabilities Services.

NOTES: The slot number is assigned and entered by the Bureau of Developmental Disabilities Services (BDDS).

**SLOT ORIGINATION DATE (Field 22)**

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The date the slot is first used by a client who occupies slot.

CODES: Date will be entered by the Bureau of Developmental Disabilities Services.

**SLOT END DATE (Field 23)**

REQUIRED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The date the slot could no longer be used.

CODES: Enter an 8 digit number in the format of month/day/full year.

NOTES: All waiver SPCs must be closed before slot end date is entered. If the client is moving from one slot to another - the SPC end date should be the same as the new start date. This will assure that no days will be lost because days are calculated by counting the day in but not the day out.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)**

REQUIRED MONTHLY FOR EACH SERVICE DELIVERED TO THE PARTICIPANT

**DEFINITION:** The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. Refer to the Medicaid Waivers Manual and DDES numbered memos for what is allowable and definitions. Most are a variation of the HSRS SPC definitions.

NOTE: Certain HIPAA service codes will also be acceptable in place of the SPC code, if you so desire. The HIPAA service code is 5 positions long. The first 3 positions of the HIPAA code should be reported in the SPC field, and the last 2 positions reported in the SPC subcode field. If the HIPAA service code can be cross walked to ONE SPC, we will accept that HIPAA code.

If you are reporting an SPC, then report the unit type for that SPC. Conversely, if you are reporting a HIPAA service code, then report the HIPAA units type. For example: HIPAA code T1002 crosswalks to SPC 710, but the unit type for T1002 is 15 minutes and unit type for SPC 710 is hours. If you report SPC 710, then units should be reported in hours. If you report T1002, then units should be reported in 15 minute increments (e.g., 2 units would be 1/2 hour).

**CODES:** Enter the 3 digit code and the 2 digit subprogram code if applicable.

**COP CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
095	02	Refunds, voluntary contributions	None
101		Child day care	Days
102		Adult day care	Hours
103	22	Respite care residential	Hours
103	24	Respite care institutional	Hours
103	26	Respite care home based	Hours
103	99	Respite care other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days	Days
104	12	SHC - supervision services/days	Days
104	13	SHC - routine home care services/days	Days
104	14	SHC - chore services/days	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours	Hours
104	22	SHC - supervision services/hours	Hours
104	23	SHC - routine home care services/hours	Hours
104	24	SHC - chore services/hours	Hours
106	01	Energy assistance	None
106	02	Housing assistance	None
106	03	Housing start-up	None
107	30	Specialized transportation and escort	One way trips

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) – continued****COP CODES – continued**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
107	40	Specialized transportation and escort	Miles
107	50	Transportation, specialized	Items
108		Prevocational services	Hours
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids – vehicles	Items
112	99	Adaptive aids – other	Items
113		Consumer education and training	Hours
114		Vocational futures planning	Hours
202	01	Adult family home 1–2 beds	Days
202	02	Adult family home 3–4 beds	Days
203		Children's foster/treatment home	Days
204		Group home	Days
205		Shelter care	Days
301		Court intake and studies	Hours
401		Congregate meals	Meals
402		Home delivered meals	Meals
403	01	Recreational activities	Hours
403	02	Alternative activities	Hours
403	03	Alternative/other	Items
406		Protective payments/guardianship	None
503		Inpatient stay	None**
506	61	CBRF 5–8 licensed beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9–16 beds	Days
506	65	CBRF 17–20 beds	Days
506	66	CBRF 21–50 beds – need department approval	Days
506	67	CBRF 51–100 beds – need department approval	Days
506	68	CBRF over 100 beds – need department approval	Days
507	03	Counseling and therapeutic resources	Hours
507	04	Counseling and therapeutic resources	Items/services
509		Community support	None
603	01	COP assessment	Hours
603	02	COP plan	Hours
604		Case management	Hours
605		Advocacy and defense resources	Hours
606		Health screening and accessibility	Hours
610		Housing counseling	Hours
615		Supported employment	Hours
619		Financial management services	Hours
704		Day treatment – medical	Days
705		Detoxification – social setting	None

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

**COP CODES** - continued

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
706	Day services treatment	Hours
710	Skilled nursing services	Hours

\*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

**NOTES:**

Provider Number (Field 30) is required for SPCs:

102 Adult day care  
202/01 Adult family home - 1-2 beds  
202/02 Adult family home - 3-4 beds  
506 CBRF

A reassessment or plan update for ongoing (COP or MA Waiver funded) service participants should be charged to ongoing case management per COP guidelines. COP clients must have an assessment (603/01) and plan (603/02) SPC entered before other service SPCs are reported.



**WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)****CIP IA, IB, 1B-ICFMR AND BIW CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
102		Adult day care	Hours
103	22	Respite care residential	Hours
103	24	Respite care institutional	Hours
103	26	Respite care home based	Hours
103	99	Respite care other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - Personal care/days (optional)	Days
104	12	SHC - Supervision services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - Personal care/hours (optional)	Hours
104	22	SHC - Supervision services/hours (optional)	Hours
104	88	Supportive home care - worker room and board	None
106	03	Housing start-up	None
107	30	Specialized transportation and escort	One way trips
107	40	Specialized transportation and escort	Miles
108		Prevocational services	Hours
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical and therapeutic supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
203		Children's foster/treatment home	Days
402		Home delivered meals	Meals
503*		Inpatient ICF/MR stay	None**
506	61	CBRF 5-8 licensed beds	Days
507	03	Counseling and therapeutic services	Hours
604		Support and service coordination/case management	Hours
604	01	Support and service coordination/case management - face-to-face contact (optional)	Hours
604	02	Support and service coordination/case management - collateral contact (optional)	Hours
604	03	Support and service coordination/case management - face-to-face home contact (optional)	Hours
604	04	Support and service coordination/case management - other contact (optional)	Hours
609***	10	Consumer directed supports	Days
610		Housing counseling	Hours
615		Supported employment	Hours
619		Financial management services	Hours

**WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)****CIP IA, IB AND BIW CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
706	10	Day services - adult	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

**NOTES:**

Provider Number (Field 30) is required for SPCs:

- 102 Adult day care
- 202/01 Adult family home - 1-2 beds
- 202/02 Adult family home - 3-4 beds
- 506 Community based residential facility
- 604 Support and service coordination/case management

- \* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.
- \*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.
- \*\*\* Only used by county agencies that have an approved Memorandum of Understanding (MOU) with BDDS.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued****CIP II AND COP-W CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share/spend down	None
095	02	Refunds, voluntary contributions	None
102		Adult day care	Hours
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Respite care home based	Hours
103	99	Respite - other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	13	SHC - routine home care services/days (optional)	Days
104	14	SHC - chore services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	23	SHC - routine home care services/hours (optional)	Hours
104	24	SHC - chore services/hours (optional)	Hours
106	01***	Energy assistance - when relocating from nursing home	None
106	03***	Housing start-up - when relocating from nursing home	None
107	30	Specialized transportation and escort - trips	One way trips
107	40	Specialized transportation and escort - miles	Miles
107	50	Specialized transportation	Items
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
114		Vocational futures planning	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
402		Home delivered meals	Meals
406		Protective payments/guardianship	None
503*		Inpatient stay	None**
506	61	CBRF 5-8 licensed beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9-16 beds	Days
506	65	CBRF 17-20 beds	Days
506	66	CBRF 21-50 beds - need department approval	Days
506	67	CBRF 51-100 beds - need department approval	Days
506	68	CBRF over 100 beds - need department approval	Days
507	03	Counseling and therapeutic resources - hours	Hours
507	04	Counseling and therapeutic resources	Items/services
604		Case management	Hours
604	04	Case management - other contact (optional)	Hours

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued****CIP II AND COP-W CODES:**

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
619	Financial management services	Hours
706	Day services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days

**NOTES:**

Refer to the Medicaid Community Waivers Manual for SPC definitions. Most are a variation of the HSRS SPC definitions.

Provider ID (Field 30) is required for SPCs:

102 Adult day care  
202/01 Adult family home - 1-2 beds  
202/02 Adult family home - 3-4 beds  
506 CBRF  
604 Case management  
711 Residential care apartment complex

- \* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason and open new SPCs.
- \*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.
- \*\*\* SPC 106/01 and 106/03 are only allowed when Field 13 Type of Movement/Prior Location is coded N - relocated from a general nursing home.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued****CHILDREN'S WAIVER CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Home based respite	Hours
103	99	Respite - other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	88	Supportive home care - worker room and board	None
107	30	Specialized transportation and escort - trips	1 way trips
107	40	Specialized transportation and escort - miles	Miles
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Special medical and therapeutic supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
203		Children's foster/treatment home	Days
503*		Inpatient stay	None**
507	03	Counseling and therapeutic services	Hours
512		Intensive in-home autism services	Hours
604		Support and service coordination	Hours
604	01	Support and service coordination/case management - face-to-face contact (optional)	Hours
604	02	Support and service coordination/case management - collateral contact (optional)	Hours
604	03	Support and service coordination/case management - face-to-face home contact (optional)	Hours
604	04	Support and service coordination/case management - other contact (optional)	Hours
609	20	Consumer and family directed supports	Days
615		Supported employment	Hours
619		Financial management services	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

**NOTES:** Provider ID (Field 30) is required for SPC 604.

\* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.

\*\* The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**

**REGISTER OF ELIGIBLE APPLICANTS CODES:** (Applies to COP and all Medicaid home-community based Waivers)

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
897	Institutional resident	None
898	Receiving no publicly funded ongoing service that is intended to meet the long-term care needs of the individual	None
899	Receiving some publicly funded ongoing service but no COP or Waiver service	None
<b><u>NOTES:</u></b>	For SPCs 897, 898 or 899 Target Group is optional; LTS Code is not allowed; SPC Start Date is required; and SPC End Date is required when applicant begins COP or Waiver service, or when applicant's name is removed from the county's register. LOC is required for Register of Eligible Applicants SPCs.	

**ICF-MR RESTRUCTURING INITIATIVE**

896	ICF-MR/NH resident	None
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**TARGET GROUP (Field 25)**

REQUIRED

DEFINITION: Indicates the need and/or problem that best explains the primary reason the program participant is receiving this service. Target Group describes why this service is being delivered to the program participant.

CODES: 01 = Developmental disability  
31 = Mental health  
18 = Alcohol and other drug abuse  
57 = Physical or sensory disability  
58 = Adults and elderly (age 65 and over)

NOTES: Only codes 01, 31, and 57 are allowed for children's waivers.

**LONG-TERM SUPPORT CODE (Field 26)**

REQUIRED

DEFINITION: The long-term support program and/or match source which is funding this service.

CODES: 1 = CIP IA  
2 = CIP II  
3 = COP waiver  
4 = CIP IB  
6 = BIW  
7 = COP  
8 = CIP IB - locally matched slot  
B = BIW - locally matched slot  
F = Children's autism - DD  
G = Children's autism - MH  
P = Children's autism PD  
H = Children's long-term support - DD state match  
I = Children's long-term support - DD local match  
J = Children's long-term support - MH state match  
K = Children's long-term support - MH local match  
L = Children's long-term support - PD state match  
M = Children's long-term support - PD local match  
N = Community relocation initiative  
R = CIP 1B - ICFMR  
S = Transfer - sending county cost

NOTES: LTS code S is used by counties who transfer a waiver participant to another county but who retain the obligation to fund some of the person's expenses. Code S will not be allowed with any other active LTS code and will not require a slot assignment. Any costs associated with this code will not be counted as expenditures that result in repayment by the state and will not appear on the L-300. Only the receiving county will report 100% of the waiver expenditures to claim the federal match. The sending county will report only the amount of match that is sent to the receiving county.

**FUNDING SOURCE (Field 27)**

REQUIRED FOR LTS CODES 8, B, I, K, M

DEFINITION: The source of any non federal funds used to match part or all of the cost of funding waiver covered services.

CODES: CP = COP match funding  
CA = Community aids match funding  
FS = Family support match funding  
RO= Rollo match  
FC = ACT-405  
AZ = Alzheimer's funding (only allowed with SPC 899)  
LO = County tax levy or sales tax  
OA = Other approved match source - must be prearranged with BDDS  
FT = Family Care transfer (only allowed with LTS codes 2, 4 and 7)

**SPC START DATE (Field 28)**

REQUIRED

DEFINITION: The date service in an SPC was begun.

CODES: Enter the 8 digit date in the format month/day/full year.

**SPC END DATE (Field 29)**

REQUIRED

DEFINITION: The date service in an SPC was terminated.

CODES: Enter the 8 digit date in the format month/day/full year.

**PROVIDER NUMBER (Field 30)**

REQUIRED FOR SPCS 102 ADULT DAY CARE, 202/01, 202/20 ADULT FAMILY HOME, 506 CBRF, 604 SUPPORT AND SERVICE COORDINATION (CIP 1A, 1B, BIW, CLTS-W ONLY), 711 RESIDENTIAL CARE APARTMENT COMPLEX (CIP II, COP-W ONLY), AND 896 ICF-MR/NH RESIDENT.

DEFINITION: The number assigned to identify the provider that has delivered the service to the waiver participant.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific SPC. May be either a HSRS provider or worker number.



**SPC REVIEW DATE (Field 31)**

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

**UNITS (Field 32)**

REQUIRED MONTHLY

DEFINITION: The number of units of service the provider delivered to the client in a specific SPC during the month being reported.

CODES: Enter the 3 digit whole number and 1 decimal place which corresponds to the number of units of service delivered to the client during the time period.

NOTES: The unit measurement corresponds to the unit for the specific SPC.  
(e.g., Respite Care = Hours.)

**COSTS (Field 33)**

REQUIRED MONTHLY

DEFINITION: The total expenses of providing specific SPC services to the client during the month being reported.

CODES: Enter up to six whole numbers and two decimal places representing the dollar amount expended for services in the specific SPC.

NOTES: Accurate and timely reporting is necessary as these reports are official audit documentation for federal reimbursement. These data are submitted to the Federal Health Care Financing Administration annually. Monthly reports are also used to make payments to the county agencies.

Monthly costs up to \$9,999.99 are allowed except for the following: LTS codes 1, 4, 6, 8 and B, F, G, H, I, J, K, L, M, R will accept up to \$99,999.99 per month for the following SPCs: 103/24, 103/99, 104/10, 104/11, 104/12, 104/20, 104/21, 104/22, 106/03, 107/30, 107/40, 112/56, 112/57, 112/99, 203, 202/01, 202/02, 203, 506/61 and 609/10.

**DELIVERY MONTH/YEAR (Field 34)**

REQUIRED

DEFINITION: The month and year during which units of an SPC were delivered or costs reported.

CODES: Enter a 6 digit number in the format month/full year.

# **HUMAN SERVICES REPORTING SYSTEM**

## **Expense Report For Human Service Programs**

**(DDE-942)**

Expenditure reports are due annually. January – December expenditures are due March 25th of the following year. All reports must be submitted via the Internet at [https://wsp4.state.wi.us/hfs/hsrs/F942\\_943](https://wsp4.state.wi.us/hfs/hsrs/F942_943). Hard copies will not be accepted. They will be returned to the agency for keying.

### **General Instructions**

This report, required under Section 10.0 of the consolidated state/county contract, must be prepared for the period January – December of each year. Form DDE-942 is used to report all agency expenses regardless of source. A new revenue report, the Human Services Revenue Report form (HSRR), shows the various revenue sources for the total expenditures. The HSRR form should have the same totals for each Target Group as the DDE-942.

The reporting deadline is part of the Division's contractual agreement between the state and counties. It is important that agencies meet the March 25th deadline. When circumstances prevent an agency from meeting the reporting period deadline, a 30 day grace period may be requested from the regional office. Delays beyond 30 days must be requested in writing from the regional office and must state the reason for delay and the date by which the report will be submitted.

### **Agency Type**

- DSS – Department of Social Services
- DCP – Department of Community Programs (formerly 51.42 or 51.42/437 Board)
- DDB – Department of Developmental Disabilities/51.437 Board
- HSD – Department of Human Services
- DOA – Department on Aging

### **Introduction**

Instructions for the 942 have been revised for clarification. Various counties had input via the Visions Data Reporting Workgroup. Feedback on any portion of the instructions is welcome and will be considered in future revisions.

The 942 expenditure data should correspond directly to the data reported on the Human Services Revenue Report. The exception is the DDE-942 does not include expenditures for the target groups Income Maintenance, Child Care Administration, Energy Assistance and General Relief/Interim Assistance. The HSRR does include the revenues for these four target groups and these revenues should indicate the total expenditures in these programs. Totals for each of the other target groups should be identical on the two reports. The 942 gives breakouts for the various services (SPC Clusters), whereas the Human Services Revenue Report gives breakouts by revenue source. (A few of the target groups appear on the HSRR and not on the 942 report, because they are not split out by SPC.)

## **What to Report**

1. Human Service Expenses.
  - (a) Only human service expenses should be included in this report.
  - (b) Include all Youth Aids expenses.
  - (c) Include Kinship Care expenses.
2. System/Agency Management Expenses.

Agency expenses that are associated with program cost are to be included and are to be allocated among the Standard Program Clusters and Target Groups found on this form.

3. Total expenditures for certain target groups are to be split into two amounts on the 942: expenditures for individuals under 18 years of age, and expenditures for individuals 18 years of age and older. These target groups are Developmental Disabilities (DD), Mental Health (MH), Alcohol and Other Drug Abuse (AODA), and Physical Disabilities (PD).

## **Standard Program Clusters and Target Groups**

Standard Program Cluster and Target Group definitions are found in the Human Services Reporting System (HSRS) Handbook.

Agencies tracking expenses by Standard Program Category (SPC) should use the translation from SPCs to SPC Clusters found in the Human Services Reporting System (HSRS) Handbook. This will permit agencies, which have developed SPC based expense tracking systems, to maintain these systems. All expenses are to be included as agency expenses, and are to be allocated among the Standard Program Clusters and Target Groups found on the DDE-942 form.

Some counties and other agencies receiving special substance abuse grants, as well as counties who volunteer, are being asked to report annual DDE-942 alcohol and drug abuse expenses using more detailed categories for selected treatment services that are provided or rendered under contract. (See page EXP-5.) The electronic DDE-942 form has been modified to include these additional lines for Clusters 700, 800, and 900. The on-line help function for the DDE-942 form includes a list of the SPC subprograms to be used, or you may call the SOS Desk (608) 266 -9198 to obtain a copy.

## **Expenses**

Only expenditures should be reported. Do not include unexpended funds received during the reporting period. In general, all funds covered by the State/County contract for Community/Social Service Programs should be included in the DDE-942. In addition, Youth Aids funds should continue to be included until further notice. Include all Youth Aids funds, both community and state. In previous years, counties did not report the state charges because we could get this information at the state level. To keep the amounts consistent with the Human Services Revenue Report, we will no longer do this.

## **How to Determine Expenses by SPC Cluster and Target Group**

Since agencies routinely monitor purchased service or board contracted expenses, agency records can be used in completing the DDE-942. In subcontracts between the DSS and board operated facilities or between counties, the purchaser should report the expenditure. The county that operates the program should only report their agency's expenditures, not the full cost of the program. The other agencies/counties that purchase services from this program will show the other costs of this service on their 942 report. The total expenditure for this specific program/service should equal what all counties that utilize this program/service report. Direct and indirect expenses are to be combined on the DDE-942.

## **How to Allocate Direct Expenses**

Allocation of direct expenses must be based upon actual staff time and expenses. These direct expenses are to be allocated to the various SPCs, Target Groups, and Age Groupings based on where these direct expenses occurred. For distribution purposes, actual staff time expenses, at a minimum, are to be based upon at least one pay period every six months. The selected periods must be representative of those ongoing expenses.

The county agency must use generally accepted allocation procedures in distributing expenses to the DDE-942 report. Three of the acceptable methods for distributing expenses are:

1. Use of the HSRS form DDE-31 Field 19 option to report staff time. This may be ongoing but need be for only one pay period every six months. The agency may then request the appropriate HSRS L 303 quarterly report, which summarizes the units reported by SPC and Target Group.
2. Recording staff time on an agency-designed activity log showing SPC Cluster and Target Group by worker.
3. Use of an agency-designed statistically valid time sampling method such as a random moment time study tool.

Some examples of unacceptable methods include:

1. A survey of staff to obtain their best estimates of how time is to be allocated.
2. Use of estimates to allocate actual expenses.
3. Use of HSRS client count reports to allocate expenses (use of units is acceptable).

Each agency must have on file, along with appropriate source documents (e.g., completed logs or time studies), methods used to derive expense information reported on the DDE-942. If staff time is reported on HSRS, the agency must document the time periods during which this reporting occurred, and have on file any relevant HSRS output reports used to allocate expenses.

## **How to Allocate Indirect Expenses**

All agency management and support expenses are to be allocated to the various SPCs, Target Groups, and Age Groupings. These expenses are to include all indirect costs as well as Administrative Management and Support and Overhead (AMSO) Costs.

All indirect costs for those allowable administrative/overhead costs are to follow your county's prescribed cost allocation plan. These cost allocation plans must follow policies and procedures contained in OMB Circular A-87. This cost allocation plan thus includes an allocation methodology where direct and indirect expenses are clearly separated, where actual expenditure information was obtained from financial statements, and like the above direct cost distributions, are based upon acceptable accounting methods.

Here too, each agency must have on file information and appropriate source documents which support its expenses as provided on the DDE-942 form.

## **Inclusions, Exclusions and Specific Instructions**

1. Reports should include total expenditures for human services, including costs for providing the services, costs for purchasing the services, and administrative costs related to providing the services. Thus, total expenditures and revenues will include both direct costs and indirect costs. Administrative costs should be allocated by program area.
2. Expenditures NOT to be reported are W-2 operations, Child Support operations, Public Health operations, county operated nursing homes, county operated ICF-MRs, and Family Care CMOs.

3. Juvenile Court Intake is to be included. If this function is not part of your human service/social service agency, we ask that you obtain this information from the court in your county and include it in your report.
4. Expenditures should be reported only once, e.g., do not report the same mental health expenditures for a child in out of home care under both Mental Health and Children and Family.
5. Also, if one county purchases services from another county, the purchaser should report the expenditure. The county that operates the program should only report their county's expenditures, not the full cost of the program. The other counties that purchase services from this program will show the other costs of this service on their DDE-942 report. The total expenditure for this specific program/service should equal what all counties that utilize this program/service report.
6. Include costs for services operated by your department such as personal care, CBRFs, outpatient clinic, sheltered workshop, psychiatric hospital, and nursing home IMD.
7. The amount that is reported under SPC Cluster 100 should include only Child Day Care–Crisis Respite. Child care funded by the Department of Workforce Development should not be included here.
8. The amount for the Mental Health target group should equal or exceed the combined expenditures for all Mental Health categorical funds your agency received.
9. The amount reported for the Developmental Disabilities target group should equal or exceed the combined amount for all DD categorical funds, including Family Support, Birth to 3, CIP IA, CIP IB, Children's Long Term Support Waiver for DD, etc.
10. The amount reported for the AODA target group should equal or exceed the combined amounts for the AODA Block Grant and other AODA funding sources.
11. The delinquent and status offender target group expenditures should include all expenditures, even those not the responsibility of the county HSD/DSS (i.e., the Sheriff's Department expenditures for juvenile detention and shelter care).
12. Youth Aids-State Charges amounts should be included on the DDE-942 along with Youth Aids Community charges. In past years, the Youth Aids-State Charges were obtained directly from the Department of Corrections and so were not reported by counties. We will no longer do this. Counties should now report the entire amount to be consistent with their Human Services Revenue Report.
13. Be sure to add in management/support costs that are determined by time study or cost allocation plan, as well as those determined by direct charge.
14. SPC 900 (Inpatient and Institutional Care) and SPC 925 (IMD) are now combined.

Statewide statistical reports combine expense amounts reported on the DDE-942 with comparable client counts from the Human Services Reporting System (HSRS) in reports to legislators, legislative committees, agency directors, and others. Agencies are encouraged to compare client counts, which are provided on HSRS Output Reports with expense amounts on form DDE-942, to be sure expenses and clients are reported in a consistent manner.

## **County And Other Agencies Receiving Special Substance Abuse Grants**

County and other agencies receiving special substance abuse grants as well as county agencies who voluntarily enter this data are being requested to report annual DDE-942 alcohol and other drug abuse expenses using detailed SPC subprogram categories for selected treatment services that are provided or rendered under contract. Affected SPC Clusters include 700, 800 and 900 as follows:

### **700 Community Residential Services**

- 50610 – Transitional residential (hospital setting)
- 50620 – Transitional residential (CBRF setting)
- 70510 – Residential intoxication monitoring

### **800 Community Treatment Services**

- 50700 – Outpatient regular
- 50705 – Outpatient intensive
- 50710 – Outpatient individual regular
- 50715 – Outpatient individual intensive
- 50720 – Outpatient family regular
- 50725 – Outpatient family intensive
- 50730 – Outpatient group regular
- 50735 – Outpatient group intensive
- 50740 – Outpatient in-home regular
- 50745 – Outpatient in-home intensive
- 50750 – Outpatient emergency
- 50761 – Antabuse
- 50762 – Other medical
- 50763 – Methadone maintenance or narcotic treatment (Milwaukee only)
- 50764 – Urinalysis
- 50765 – Medical management
- 50770 – Methadone or narcotic detox
- 50775 – Methadone or narcotic treatment
- 70350 – Ambulatory detox
- 70410 – Day treatment

### **900 Inpatient and Institutional Care**

- 70310 – Medically managed inpatient detox
- 70320 – Medically monitored residential detox
- 50350 – Medically managed inpatient treatment
- 50360 – Medically monitored inpatient treatment (hospital setting)
- 50370 – Medically monitored residential treatment (CBRF setting)

The form has been modified to allow entry of alcohol and other drug abuse expenses for these detailed service categories. Data is entered for each of the SPC subprograms utilized by the county and these entries are summed automatically to calculate the overall SPC Cluster expense.

**TOTAL EXPENSES ALL SOURCES  
BY TARGET GROUP AND STANDARD PROGRAM CLUSTER**

**AGENCY TYPE** (Check One)

- ☐ 1 DSS  
☐ 2 DCP  
☐ 3 DDB  
☐ 4 HSD  
☐ 6 DO AGING

COUNTY NAME

**COUNTY CODE**  
(See reverse side)

### AGENCY CONTACT

REPORT YEAR \_\_\_\_\_

## TARGET GROUPS

STANDARD PROGRAM CLUSTER	DEVELOP- MENTAL DISABILITY (1)	MENTAL HEALTH (2)	ALCOHOL / OTHER DRUG ABUSE (3)	PHYSICAL AND SENSORY DISABILITY (4)	DELINQUENT AND STATUS OFFENDER (5)	ABUSED AND NEGLECTED CHILDREN (6)	CHILDREN AND FAMILIES (7)	ADULTS AND ELDERLY (8)	TOTAL EXPENSES COLS. (1) THRU (8)
100 CHILD DAY CARE - CRISIS RESPITE									
104 SUPPORTIVE HOME CARE									
107 SPECIALIZED TRANSPORTATION AND ESCORT									
200 ACCESS, OUTREACH AND PREVENTION									
300 COMMUNITY LIVING / SUPPORT SVCS									
400 INVESTIGATIONS AND ASSESSMENTS									
500 COMMUNITY SUPPORT PROGRAMS									
600 WORK-RELATED AND DAY SERVICES									
615 SUPPORTED EMPLOYMENT									
700 COMMUNITY RESIDENTIAL SERVICES									
800 COMMUNITY TREATMENT SERVICES									
900 INPATIENT AND INSTITUTIONAL CARE INCLUDING IMD									
950 JUVENILE CORRECTIONS									
<b>TOTAL</b>									
SUBTOTALS									
AGE: UNDER 18 YEARS									
AGE: 18 YEARS AND OVER									

<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>	<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>
01	Adams	36	Manitowoc
02	Ashland	37	Marathon
03	Barron	38	Marinette
04	Bayfield	39	Marquette
05	Brown	40	Milwaukee
06	Buffalo	41	Monroe
07	Burnett	42	Oconto
08	Calumet	43	Oneida
09	Chippewa	44	Outagamie
10	Clark	45	Ozaukee
11	Columbia	46	Pepin
12	Crawford	47	Pierce
13	Dane	48	Polk
14	Dodge	49	Portage
15	Door	50	Price
16	Douglas	51	Racine
17	Dunn	52	Richland
18	Eau Claire	53	Rock
19	Florence	54	Rusk
20	Fond du Lac	55	St. Croix
21	Forest	56	Sauk
21	Forest, Oneida, Vilas	57	Sawyer
22	Grant	58	Shawano
22	Grant, Iowa	59	Sheboygan
23	Green	60	Taylor
24	Green Lake	61	Trempealeau
25	Iowa	62	Vernon
26	Iron	63	Vilas
27	Jackson	64	Walworth
28	Jefferson	65	Washburn
29	Juneau	66	Washington
30	Kenosha	67	Waukesha
31	Kewaunee	68	Waupaca
32	La Crosse	69	Waushara
33	Lafayette	70	Winnebago
34	Langlade	71	Wood
34	Langlade, Lincoln, Marathon	72	Menominee
35	Lincoln		



## APPENDIX A

### HSRS OUTPUT REPORTS

This appendix presents samples of all currently available HSRS output reports. These reports have been grouped into the following categories:

- Agency Directories
- Worker Caseload and Caseload History Reports
- SPC Provider Caseload and Caseload History Reports
- Tickler Reports which are intended to remind workers of certain upcoming required actions
- The L303 Agency Management Reports
- Service Summary Reports for Management
- 32T Unit Reporting
- LTS Reports
- Family Support Program Reports
- AODA Reports
- Mental Health Reports
- Birth to Three Program Reports
- Provider Number Reports

Agency directories, worker caseload and SPC provider caseload reports are available in two different versions: reports which incorporate the Family ID linkages into their sort sequence, and reports which use only the clients name in a straight alphabetical sort. For example, suppose the client ADAMS, MARY has Family ID #25A and the client SMITH, JOHN has Family ID #25B. In a Family ID sorted program, the output will appear in the sequence:

ADAMS, MARY  
SMITH, JOHN  
ADAMS, PAUL (for example)

In the straight alphabetic sort SMITH, JOHN will not be associated with ADAMS, MARY. The output will occur as:

ADAMS, MARY  
ADAMS, PAUL

and SMITH, JOHN will occur pages later sorted properly within the letter S.

### REQUESTING HSRS OUTPUT REPORTS

Use HSRS screens 05 and 08 to add, change, or delete most standard output reports.

To request special reports, contact the SOS Desk.

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### HSRS OUTPUT REPORTS

<u>EOS ID</u>	<u>Page Number</u>
I. AGENCY DIRECTORIES .....	A6
LH09 L230 Agency Directory - Family ID Sort.....	A7
LH10 L231 Agency Directory - Alphabetic.....	A8
II. WORKER CASELOAD AND CASELOAD HISTORY REPORTS .....	A9
LH11 L242 Worker Caseload .....	A10
LH25 L610 CORE Units Summary .....	A11
LH27 L710 COP Units Summary.....	A12
LH29 L810 Waiver Client Units Summary .....	A13
LH31 L910 Master Units Summary .....	A14
III. SPC PROVIDER CASELOAD AND CASELOAD HISTORY REPORTS .....	A15
LH12 L243 SPC Provider Report - Family ID Sort.....	A16
LH13 L253 SPC Provider Report - Alphabetic.....	A17
LH18 L500 Birth to 3 Units Report.....	A18
LH24 L600 CORE Units Summary .....	A19
LH26 L700 COP Units Summary.....	A20
LH28 L800 Waiver Units Summary .....	A21
LH30 L900 Master Units Summary .....	A22
IV. TICKLER REPORTS.....	A23
LH02 L102 Missing Diagnosis Tickler .....	A24
LH08 L220 Case Review Date Tickler.....	A25
LH16 L330 SPC Review Date Tickler.....	A26
V. LH46 L303 QUARTERLY REPORTS .....	A27
VI. SERVICE SUMMARY REPORTS FOR MANAGEMENT.....	A42
LH03 L103 Target Group by SPC Service Summary .....	A43
LH04 L104 SPC by Target Group Service Summary .....	A44
LH17 L400 SPC Provider Service Summary .....	A45
HSRS Summary Statistics .....	A46
VII. 32T UNIT REPORTING .....	A49
LH05 L110 32T Units Report .....	A50
LH07 L130 32WV LTS Units Report .....	A52
LHCZ A130 32WV LTS Alpha Units Report	

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## HSRS OUTPUT REPORTS

EOS ID		Page Number
VIII.	LTS REPORTS	
LHBG L300	LTS Service Summary .....	A53
LHAX 300M	LTS Service Summary - Midmonth	
LHBH 300P	LTS Service Summary - Previous Year	
LHEC A007	LTS Service Summary - Worker Sort	
LHED 007M	LTS Service Summary - Worker Sort - Midmonth	
LHEE 007P	LTS Service Summary - Worker Sort - Previous Year	
LHDP L320	LTS Service Summary - Less COP Assessment/Plan.....	A54
LHDS 320M	LTS Service Summary - Less COP Assessment/Plan - Midmonth	
LHDQ 320P	LTS Service Summary - Less COP Assessment/Plan - Previous Year	
LHDN L399	LTS Service Summary - Expenditure by SPC .....	A55
LHDR 399M	LTS Service Summary - Expenditure by SPC - Midmonth	
LHDO 399P	LTS Service Summary - Expenditure by SPC - Previous Year	
	County Slot Report .....	A56
LH63 A002	Slot Number Sort	
LH64 A003	Client Name Sort	
LH65 A004	Slot Type Sort	
LHCU L016	COP Expenditure Report .....	A57
LHCV 016M	COP Expenditure Report - Midmonth	
LHDL 016P	COP Expenditure Report - Previous Year	
LHCWL04A	LTS-COP Significant Proportion Report .....	A58
LHCX 04AM	COP Significant Proportion - Midmonth	
LHDM 04AP	COP Significant Proportion - Previous Year	
LHDU A006	LTS Wait List Report .....	A59
	LTS015 CBRF Expenditure Report.....	A60
IX.	FAMILY SUPPORT PROGRAM REPORTS .....	A61
LH01 F001	FSP Activity Report.....	A62
LHBE F005	FSP Expenditure Entry List.....	A63
X.	AODA REPORTS	
<b>LH54 6110</b>	<b>Total AODA Service Activity .....</b>	<b>A64</b>
<b>LH57 6310</b>	<b>Open AODA SPCs With No Units Reported for 6 Months</b>	
	<b>(A-31A Excludes Intoxicated Drivers) .....</b>	<b>A65</b>
<b>LH59 6312</b>	<b>Open AODA SPCs With No Units Reported for 12 Months</b>	
	<b>(A-031B Intoxicated Drivers Only).....</b>	<b>A66</b>
<b>LH58 6313</b>	<b>Open AODA SPCs With No Units Reported for 3 Months (A-031C) .....</b>	<b>A67</b>
<b>LH55 6320</b>	<b>AODA Units Report (A-032) .....</b>	<b>A68</b>
	<b>AODA Units Report Alpha (A-132) .....</b>	<b>A69</b>
<b>LH56 6330</b>	<b>Closed AODA SPCs With No Units Reported (A-133).....</b>	<b>A70</b>
LH60 6700	AODA Units Report (A-700).....	A71
<b>LH61 6701</b>	<b>AODA Units Report Alpha (A-700(A)).....</b>	<b>A72</b>

Report selection/cancelation can be done via screen 05/08 except for reports listed in **BOLD TYPE**. Please contact the SOS Desk regarding **BOLD TYPE** reports.

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### HSRS OUTPUT REPORTS

<u>EOS ID</u>	<u>Page Number</u>
<b>XII. MENTAL HEALTH REPORTS</b>	
MH32T Mental Health Units Report.....	A73
LHCE 9325 Provider Number Sort - All Units	
LHCB 9322 Provider Number Sort - Required Units	
LHCF 9326 Worker Number Sort - All Units	
LHCC 9323 Worker Number Sort - Required Units	
LHCD 9324 Client Name Sort - All Units	
LHCA 9321 Client Name Sort - Required Units	
MH031 Open MH SPCs, With No Units Reported for 6 Months .....	A75
LHCG 9311 Client Name Sort	
LHCH 9312 Provider Number Sort	
LHCI 9313 Worker Number Sort	
MH041 Open MH Episodes With No Service Last 90 Days .....	A76
LHCJ 9411 Client Name Sort	
LHCK 9412 Provider Number Sort	
LHCL 9413 Worker Number Sort	
MH700 MH Units Summary Report .....	A77
LHCM 9701 Client Name Sort	
LHCN 9702 Provider Number Sort	
LHCO 9703 Worker Number Sort	
LHCP 9704 Prior Year by Client Name	
LHCQ 9705 Prior Year by Provider Number	
LHCR 9706 Prior Year by Worker Number	
New Episodes Missing CSDS Data .....	A78
LHDA 98N1 Client Name Sort	
LHDB 98N2 Provider Number Sort	
LHDC 98N3 Worker Number Sort	
Open Episodes Needing Six Month CSDS Data Update .....	A79
LHDD 98U1 Client Name Sort	
LHDE 98U2 Provider Number Sort	
LHDF 98U3 Worker Number Sort	
LHDZ 98B2 BRC Provider Sort	
Closed Episodes Missing CSDS Data .....	A80
LHDG 98C1 Client Name Sort	
LHDH 98C2 Provider Number Sort	
LHDI 98C3 Worker Number Sort	
<b>XIII. BIRTH TO THREE PROGRAM</b>	
LH18 L500 Birth to Three Report.....	A18
<b>XIV. PROVIDER NUMBER REPORTS .....</b>	
A81	
LH33 Provider by Name	
LH34 Provider by ID	
LH42 Provider Name by Type Within County	
LH41 Provider Number by Type Within County	

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### HSRS OUTPUT REPORTS

#### MODULE TYPE (MOD TYPE, MOD, MT) USED ON HSRS REPORTS

1 = CORE	Human Services Reporting System
5 = FSP	Family Support Program
6 = AODA	Alcohol and Other Drug Abuse
9 = MH	Mental Health
0 = B3	Birth to Three Program
A = LTS	Long-Term Support

## APPENDIX A

### I. AGENCY DIRECTORIES

Agency directories list all clients served by the agency within the last thirteen months. The client may or may not be currently active. Program data (SPCs, target groups, provider IDs, start and end dates) is provided for each program within an episode that was open within the thirteen month time period. The workers associated with each episode are listed.

Two versions of Agency Directories are available - the L230, which takes Family ID's into account in its sort sequence; and the L231 which is a straight alphabetically sorted directory.

# APPENDIX A

.&FORMAT █████ CO DEPT OF SOC SERV L230 █████ PRINTS:8 FICHE: 0  
 REPORTING UNIT: 1010 █████ CO DEPT OF SOC SERV  
 REPORT ID : HRSR-L230 DIRECTORY LISTING OF HRSR CLIENTS (OPEN IN THE LAST 13 MONTHS)

PAGE: 1  
 RPTDATE: 04/30/04

CLIENT NAME	FAMILY ID	BIRTH DATE	SOC-SEC-NO	-----EPISODE-----	PROGRAM INFORMATION-----
HSRS ID	LOCAL TEXT	DIAGNOSIS	EPS KEY MOD START	END WORKER	KEY SPC SUB TG PROVIDER STRT DT END DT LTS
█████, █████ D		07/15/15	39 █████ 66		█████ E █████
V928-█████-4010		G0 █████ 678 A	02/28/03	9101020300	01 603 01 58 9101020300 02/28/03 02/28/03 7
					02 603 02 58 9101020300 02/28/03 02/28/03 7
					03 604 58 9101020300 04/24/03 3
					04 112 46 58 04/24/03 3
					05 402 58 04/24/03 3
					06 104 20 58 04/24/03 3
					07 107 40 58 04/24/03 3
					08 503 58 03/19/03 3
	00000000	H2444605	1 02/11/02	04/28/03 9101020300	01 603 58 9101020600 07/03/97 07/09/97
					02 604 58 9101020300 02/11/02 04/28/03
█████, █████		07/18/10	- -		█████ E █████
X857-█████-6010		R █████ 1	12/03/01	05/06/03 9101011500	01 603 58 9101011500 12/03/01 12/03/01
					02 603 58 9101020300 12/03/01 02/08/02
					03 604 58 9101020300 02/08/02 12/18/02
					04 406 58 9101020300 02/08/02 12/18/02
					05 406 58 9101011500 12/18/02 05/06/03
					06 604 58 9101011500 12/18/02 05/06/03
█████, █████ S		05/29/89	39 █████ 74		█████
N986-█████-3010		B3 █████ 899 1	04/08/03	9101011400	01 603 64 9101011400 04/08/03 05/01/03
					02 604 64 9101011400 05/01/03
█████, █████		07/20/10	38 █████ 323		█████
K062-█████-6010		H2 █████ 259 1	10/20/00	11/16/03 9101011400	01 603 58 9101011400 10/20/00 10/23/00
					02 603 58 9101020300 10/23/00 12/01/00
					03 604 58 9101020300 12/01/00 01/03/03

REPORT: L230  
 TIME PERIOD COVERED: All clients served in the last thirteen months.  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Client name. (Clients with a Family ID not ending in A are sorted under the name of their linked client whose corresponding Family ID starts with A).  
 COMMENTS: This report is an alphabetical listing of all clients served by the agency in the last thirteen months.

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REPORTING UNIT: [REDACTED] CO DSS  
 REPORT ID : HRSR-L231 DIRECTORY LISTING OF HRSR CLIENTS (OPEN IN THE LAST 12 MONTHS)

PAGE: 4  
 RPTDATE: 04/30/04

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	BIRTH DATE DIAGNOSIS	SOC-SEC-NO EPS KEY MOD	-----EPISODE----- START END	WORKER	-----PROGRAM INFORMATION----- KEY SPC TG PROVIDER STRT DT END DATE
[REDACTED] R, [REDACTED] INE P34 [REDACTED] -200-3160 [REDACTED] A R05 [REDACTED] 00-4160 [REDACTED] B54 [REDACTED] 00-3140		04/23/13 07/10/08 12/05/91	39 [REDACTED] 912 L1 [REDACTED] 21 1 470-26-1744 T0 [REDACTED] 87 A - - J2 [REDACTED] 01 1	07/05/94 10/30/03 09/17/99 12/08/00 03/15/04	[REDACTED] 9103410007 9103410004 9103410019	[REDACTED] 01 301 58 9103410007 07/05/94 10/30/03 01 603 58 09/17/99 09/17/99 01 603 64 12/08/00 12/27/00 02 603 64 9103410026 05/31/02 08/05/02 03 603 64 9103410020 12/12/02 03/07/03 04 603 64 9103410019 09/04/03 11/06/03 05 603 64 9103410019 01/19/04 03/15/04
[REDACTED] X49 [REDACTED] 00-3140		08/14/90	39 [REDACTED] 911 O3 [REDACTED] 72 1	12/12/01 03/15/04	[REDACTED] 9103410019	[REDACTED] 01 603 64 9103410019 12/12/01 03/28/02 02 603 64 9103410026 05/31/02 08/05/02 03 603 64 9103410020 12/12/02 03/07/03 04 603 64 9103410019 09/04/03 11/06/03 05 603 64 9103410019 01/19/04 03/15/04
[REDACTED] H85 [REDACTED] 60-5120 [REDACTED] F75 [REDACTED] 0-6120 [REDACTED] A X19 [REDACTED] 0-6120		12/18/87 12/17/82 10/31/94	- - V1 [REDACTED] 89 1 - - O2 [REDACTED] 92 1 39 [REDACTED] 971 S3 [REDACTED] 14 1	07/19/01 08/29/03	[REDACTED] 9103410024 9103410020	[REDACTED] 01 400 61 02/22/91 02/25/91 103410024 01 603 64 9103410024 10/01/00 10/04/00 01 603 61 9103410022 07/19/01 09/04/01 02 604 61 9103410022 09/04/01 04/04/02 03 603 64 9103410019 09/18/01 09/27/01 04 603 61 9103410020 06/17/03 08/29/03
[REDACTED] N21 [REDACTED] 20-6140		06/12/86	- - C3 [REDACTED] 86 1	01/16/03 07/11/03	[REDACTED] 9103410017	[REDACTED] 01 603 64 9103410019 01/16/03 02/24/03

REPORT: L231  
 TIME PERIOD COVERED: All clients served in the last thirteen months.  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Client name  
 COMMENTS: This report is identical to the L230 except it does not tie clients together by their corresponding Family ID's.



## APPENDIX A

### II. WORKER CASELOAD AND CASELOAD HISTORY REPORTS

When a worker is indicated in Field 1 of the DDE-31, that worker becomes associated with the current episode for the client being reported. Worker sorted reports will provide the case worker with program information on all episodes for which he/she is designated as the worker in Field 1.

The L242 report lists all currently open programs for the worker. The L242 incorporates Family ID in its sorting sequence.

The L610, L710, L810 and L910 list all programs which have been provided to clients of the worker in the current year regardless of whether the programs are currently open or closed. These reports also indicate units of service provided to the client, by program and by month.\*

The L610 lists units associated with CORE programs, the L710 lists units associated with COP programs, the L810 lists units associated with Waiver programs, and the L910 combines the others and lists all units regardless of type of program.

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\*Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.

# APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV SEQNO: 2 PAGE: 2  
 REPORT ID : HSRS-L242 WORKER REPORT - ALPHABETICAL LISTING OF HSRS CLIENTS - OPEN PROGRAMS RUNDATE: 05/01/04  
 SEPARATE BY # : 9  
 NAME : [REDACTED]

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPIS KEY	MOD	EPISODE START	-----PROGRAM INFORMATION----- KEY SPC SUB TG PROVIDER START DTLTS
[REDACTED] C		- -	10/19/89				
K97 [REDACTED]			66- -	A3 [REDACTED]	0	1	04/21/04 02 301 06 9101011100 04/22/04
[REDACTED] P		- -	05/04/91				
X46 [REDACTED]			66- -	V3 [REDACTED]	5	1	10/28/03 03 303 06 9101011100 11/17/03
[REDACTED] A		- -	09/26/87				
C64 [REDACTED]			66- -	H3 [REDACTED]	5	1	02/12/04 03 303 06 9101011100 03/02/04
[REDACTED] J		- -	05/28/87				
O88 [REDACTED]			66- -	T3 [REDACTED]	3	1	04/14/04 02 301 06 9101011100 04/14/04
[REDACTED]		- -	05/01/90				
P16 [REDACTED]			66- -	L3 [REDACTED]	5	1	03/23/04 03 303 06 9101011100 04/12/04
[REDACTED] M	63 [REDACTED]	79	01/01/90				
Q10 [REDACTED]			66- -	M3 [REDACTED]	3	1	10/14/03 03 303 06 9101011100 11/07/03
[REDACTED] D	- -		01/26/90				
Y62 [REDACTED]			66- -	Q3 [REDACTED]	3	1	02/03/04 03 303 06 9101011100 02/13/04
[REDACTED] M	- -		10/04/87				
R46 [REDACTED]			66- -	C3 [REDACTED]	3	1	02/17/04 03 303 06 9101011100 02/20/04
[REDACTED] M	39 [REDACTED]	38	04/28/86				
H84 [REDACTED]			99- -	E3 [REDACTED]	3	1	08/29/03 03 603 64 9101011100 02/10/04
[REDACTED]	- -		03/16/87				
E69 [REDACTED]			66- -	P3 [REDACTED]	3	1	02/03/04 02 301 06 9101011100 02/04/04
[REDACTED]	- -		08/24/89				
M40 [REDACTED]			66- -	U3 [REDACTED]	3	1	02/27/04 03 303 06 9101011100 03/29/04

REPORT: L242  
 TIME PERIOD COVERED: All clients with currently open programs.  
 PRIMARY SORTS: Agency, worker  
 SECONDARY SORTS: Client name (alphabetical) – Family ID grouping used.  
 COMMENTS: Provides each worker with a listing of cases for which they were listed as the worker (Field 1) on the DDE-31.

## APPENDIX A

REPORTING UNIT: [REDACTED] CO UNIFIED BOARD  
REPORT ID : HSR5-L610 CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

SEQNO: 41 PAGE: 3  
RUNDATE: 01MAY04

CLIENT NAME	FAMILY ID	EPIS KEY	MOD	SPC	UNIT-----	MONTHLY	UNITS-----	YTD														
HSRS ID NBR	PK	SPC	TG	PG	STR	PG	END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
[REDACTED]					C3348698			1														
J54 [REDACTED] 4-6260	01	300	01		030519			9201500005														0
	02	400	01		030519			9201500005														0
	03	300	01		030519			0665500000														0
[REDACTED] J					O2777620			1														
Y50 [REDACTED] 6-5260	03	300	01		991001			9201500003														0
	04	400	01		991001			9201500003														0
[REDACTED] J					EPISODE CLOSED																	
S41 [REDACTED] 3-6320	01	501	58		040212	040212		0714200000	14			1										1
[REDACTED] W					G2942816			1														
B20 [REDACTED] 0-5300	03	300	01		010101			9201500003														0
	04	400	01		010101			9201500003														0
[REDACTED]					EPISODE CLOSED																	
M72 [REDACTED] 0-3320	01	501	58		040115	040115		0714200000	14		1											1
[REDACTED] J					EPISODE CLOSED																	
A01 [REDACTED] 0-6120	01	501	51		040411	040411		0714200000	14					1								1
[REDACTED] J					EPISODE CLOSED																	
A01 [REDACTED] 0-6120	01	501	51		040412	040412		0714200000	14					1.5								1.5
[REDACTED] L					EPISODE CLOSED																	
U90 [REDACTED] 0-3320	01	501	61		040126	040126		0714200000	14		4											4
[REDACTED] D					Z2619421			1														
Y03 [REDACTED] 0-4340	02	300	01		980902			0714200005														0
[REDACTED] J					M2183076			1														
I55 [REDACTED] 0-6350	02	300	01		980801			9201500016														

REPORT: L610  
TIME PERIOD COVERED: All clients active sometime during current year.  
PRIMARY SORTS: Agency, worker  
SECONDARY SORTS: Client name (alphabetical, by last name).  
COMMENTS: Provides service history for all clients active during current year.

## APPENDIX A

REPORTING UNIT: [REDACTED] COUNTY HSD  
 REPORT ID : HSRs-L710 COP CLIENT UNITS SUMMARY  
 SEPARATE BY # : 9 [REDACTED]  
 NAME: [REDACTED]

SEQNO: 27 PAGE: 2  
 RUNDATE: 30APR04

CLIENT NAME	HSRS ID NBR	SPC	TG	PG	STR	PG	END	SPC PROVIDER	UNIT--	-----MONTHLY												UNITS-----				YTD
									TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS				
[REDACTED] M								W0087840																		
K77 [REDACTED] 120	03	604	58	020809				9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0				
	07	401	58	020809				0815000000	42	21	20	0	0	0	0	0	0	0	0	0	0	41				
[REDACTED] F								U0084796																		
X32 [REDACTED] 130	03	604	58	011128				9400500101	42	6.6	0.3	0	0	0	0	0	0	0	0	0	0	6.9				
	20	506	58	040305				1014300000		0	0	0	0	0	0	0	0	0	0	0	0	0				
[REDACTED] T								E0044792																		
F85 [REDACTED] 160	03	604	58	990408				9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0				
	12	506	58	020822				0858300000	42	31	29	0	0	0	0	0	0	0	0	0	0	60				
[REDACTED] J								N0086193																		
K91 [REDACTED] 120	03	604	58	011101				9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0				
	16	506	58	030201				0815000000		0	0	0	0	0	0	0	0	0	0	0	0	0				
[REDACTED] J								C0063250																		
O78 [REDACTED] 230	03	604	57	001201				9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0				
	04	112	57	001201				8940050048	42	7	8	0	0	0	0	0	0	0	0	0	0	15				
	05	506	57	001201				0831000000	42	31	0	0	0	0	0	0	0	0	0	0	0	31				
[REDACTED] K								A0082540																		
L31 [REDACTED] 320	04	604	31	030424				9400500101	42	0.9	3	0.9	0	0	0	0	0	0	0	0	0	4.8				
	09	107	31	030424				8940050060	42	20	12	21	0	0	0	0	0	0	0	0	0	53				
	10	102	31	030424				0812500000	42	50	30	41	0	0	0	0	0	0	0	0	0	121				
	11	104	31	030424				1036000000	42	23.5	25.5	27.3	0	0	0	0	0	0	0	0	0	76.3				
[REDACTED] A								K0059982																		
J91 [REDACTED] 040	03	604	58	990202				9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0				
	20	104	58	040112	040120			8940050047	42	1	0	0	0	0	0	0	0	0	0	0	0	1				

REPORT: L710  
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
 PRIMARY SORTS: Agency, worker  
 SECONDARY SORTS: Client name (alphabetical), program key.  
 COMMENTS: Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.

## APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV  
REPORT ID : HSRs-L810 WAIVER CLIENT UNITS SUMMARY  
SEPARATE BY # : 91  
NAME : [REDACTED]

SEQNO: 39

PAGE: 5  
RUNDATE: 30APR04

CLIENT NAME	FAMILY ID	EPIS KEY	MOD SPC	UNIT	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
HSRS ID NBR	PK SPC TG PG STR PG END	PROVIDER	TYPE														
[REDACTED]	B0111713	A															
B38 [REDACTED] 5-6030	02 899 58 030404	9103910009			0	0	0	0	0	0	0	0	0	0	0	0	0
[REDACTED]	F0062681	A															
K66 [REDACTED] 2-6140	06 604 58 011201	9103910009	42	5.3	1.5	5.5	0	0	0	0	0	0	0	0	0	0	12.3
	07 506 58 011201	9103910009	42	31	29	31	0	0	0	0	0	0	0	0	0	0	91
[REDACTED] P	A0060674	A															
M25 [REDACTED] 0-3140	15 104 58 030101	9103910009	42	0	0	1.5	0	0	0	0	0	0	0	0	0	0	1.5
	16 604 58 030101	9103910009	42	3	0.5	4.3	0	0	0	0	0	0	0	0	0	0	7.8
	17 104 58 030101	9103910009	42	3.5	3	0	0	0	0	0	0	0	0	0	0	0	6.5
	18 507 58 030101	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	19 112 58 030101	9103910009	42	4	0	4	0	0	0	0	0	0	0	0	0	0	8
	20 112 58 030101	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	21 104 58 030101	9103910009	42	3	2	0	0	0	0	0	0	0	0	0	0	0	5
[REDACTED]	P0096101	A															
K72 [REDACTED] 0-0160	02 898 58 020430	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
[REDACTED]	E0114914	A															
K14 [REDACTED] 0-6150	03 604 58 030701	9103910009	42	0.5	2.8	10.8	0	0	0	0	0	0	0	0	0	0	14.1
	04 112 58 030701	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	05 112 58 030701	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
[REDACTED]	D0083713	A															
W82 [REDACTED] 0-4160	04 604 58 010723	9103910009	42	6.5	3.3	7	0	0	0	0	0	0	0	0	0	0	16.8
	05 104 58 010723	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 506 58 010723	9103910009	42	31	29	31	0	0	0	0	0	0	0	0	0	0	0	91

REPORT: L810  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, worker  
SECONDARY SORTS: Client name (alphabetical), program key.  
COMMENTS: Provides a history of units reported, by month, for all programs provided to Waiver clients open during the current (or in the case of January or February, previous) year.

## APPENDIX A

REPORTING UNIT: [REDACTED] CO UNIFIED BOARD  
REPORT ID : HSR5-L910 MASTER CLIENT UNITS SUMMARY  
SEPARATE BY # : 89 [REDACTED] 2  
NAME : [REDACTED] DCP [REDACTED] [REDACTED]

SEQNO: 5 PAGE: 5  
RUNDATE: 30APR04

CLIENT NAME	MT	EPIS	KEY	PK	SPC	TG	PRG	ST	PG	END	SPC	UN	TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD UNITS
[REDACTED], [REDACTED] R					J20																					
A Z0091067	04	103	01	051702	010104						8920700007															0
	05	604	01	051702	010104						8920700012															0
	06	103	01	080103	010104						8920700007															0
	07	113	01	110103	010104						8920700007															0
	08	604	01	010104							8920700012	42	1.1	1.8	0.5	0	0	0	0	0	0	0	0	0	0	3.4
	09	103	01	010104								42	27.5	6.5	15	0	0	0	0	0	0	0	0	0	0	49
[REDACTED], [REDACTED] R					M20																					
A N0110295	01	604	01	020103	010104						8920700012															0
	02	103	01	020103	010104						8920700007															0
	03	103	01	020103	010104						8920700007															0
	04	112	01	060103	010104						8920700007															0
	05	604	01	010104							8920700012	42	4.6	1.7	5.3	0	0	0	0	0	0	0	0	0	0	11.6
	06	103	01	010104								42	2	0	0	0	0	0	0	0	0	0	0	0	0	2
	07	103	01	010104																						0
[REDACTED], [REDACTED] S					U76																					
A 00029384	10	604	01	040102	010104						8920700012															0
	11	103	01	010103	010104						8920700007															0
	12	103	01	010103	010104						8920700007															0
	14	112	01	010103	010104						8920700007															0
	15	604	01	010104							8920700012	42	2.1	0.9	0.9	0	0	0	0	0	0	0	0	0	0	3.9
	16	103	01	010104								42	13	11	8	0	0	0	0	0	0	0	0	0	0	32
	17	103	01	010104								42	0	2.3	0	0	0	0	0	0	0	0	0	0	0	2.3

REPORT: L910  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, worker  
SECONDARY SORTS: Client name  
COMMENTS: This report presents units reported on CORE and LTS clients.

## APPENDIX A

### III. SPC PROVIDER CASELOAD AND CASELOAD HISTORY REPORTS

SPC providers are associated with programs whenever a provider number is entered into Field 23 of the DDE-31. SPC provider sorted reports will provide the SPC provider with information on all programs for which he is designated as the program provider.

The L243 and L253 reports list all currently open programs for the SPC provider. The L243 incorporates Family ID in its sorting sequence, the L253 does not.

The L500, L600, L700, L800 and L900 list all programs provided by the SPC provider during the current year, regardless of whether the program is currently open or closed. These reports also indicate units of service by client, program and month.\*

The L500 lists units associated with Birth to Three programs. The L600 lists units associated with CORE programs, the L700 lists units associated with COP programs, the L800 lists units associated with Waiver programs, and the L900 combines the others and lists all units regardless of type of program.

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\*Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year, rather than the current year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.

# APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV  
 REPORT ID : HSRs-L243 SPC PROVIDER REPORT - ALPHABETICAL LISTING OF HSRs CLIENTS  
 SEPARATE BY # :  
 NAME :

SEQNO: 1 PAGE: 1  
 RUNDATE: 05/01/04

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	-----PROGRAM INFORMATION-----				
							KEY	SPC	TG	STRT DT	END DATE
[REDACTED], [REDACTED] B30 [REDACTED] 6-6040		39 [REDACTED] 65	08/23/08 55- -	N0 [REDACTED] 29	A	04/28/04	01	899	58	04/28/04	
[REDACTED], [REDACTED] I44 [REDACTED] 2-3020		- -	09/24/08 55-18-	Q3 [REDACTED] 38	1	03/26/02	03 02	604 406	58 58	03/26/02 04/26/02	
[REDACTED], [REDACTED] A96 [REDACTED] 0-6140		39 [REDACTED] 48	05/09/48 09- -	N0 [REDACTED] 33	A	10/14/02	08 04 05 06 07	604 104 104 107 402	57 57 57 57 57	07/08/03 07/18/03 07/18/03 07/18/03 07/23/03	
[REDACTED], [REDACTED] W34 [REDACTED] 0-5140		39 [REDACTED] 82	12/03/10 55- -	R0 [REDACTED] 75	A	06/24/02	11 12 13 14 15	604 104 402 112 107	58 58 58 58 58	02/01/03 02/01/03 02/01/03 02/01/03 02/01/03	
[REDACTED], [REDACTED] B58 [REDACTED] 6-5160		39 [REDACTED] 07	10/25/33 55- -	E0 [REDACTED] 88	A	06/08/99	29 30 35 36 43	604 112 104 107 103	58 58 58 58 58	12/01/02 12/01/02 01/01/03 01/01/03 02/01/04	

REPORT: L243  
 TIME PERIOD COVERED: All clients with currently open programs.  
 PRIMARY SORTS: Agency, SPC provider.  
 SECONDARY SORTS: Client name (alphabetical) - Family ID. Grouping used - clients sorted separately within each module type.  
 COMMENTS: Provides each SPC provider with a listing of their currently active clients.



# APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV  
 REPORT ID : HRSR-L253 SPC PROVIDER REPORT-ALPHABETICAL LISTING OF HRSR CLIENTS  
 SEPARATE BY # : 91 [REDACTED] 03  
 NAME : [REDACTED]

SEQNO: 16 PAGE: 16  
 RUNDATE: 04/30/04

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	-----PROGRAM INFORMATION-----				
							KEY	SPC	TG	STRT DT	END DATE
██████████, ██████████ F		38 ██████████ 366	05/30/86								
V09 ██████████ 4-5040			66- -	E3 ██████████ 00	1	03/25/03	01	303	06	03/25/03	
██████████, ██████████		- -	06/05/89								
A50 ██████████ 2-6040	12209	V71.02	66- -	B3 ██████████ 15	1	11/26/02	03	303	06	04/08/03	
██████████, ██████████ J		- -	09/09/88								
M92 ██████████ 0-6010	10500	V71.02	66- -	M3 ██████████ 16	1	03/29/02	02	303	06	06/25/02	
██████████, ██████████		46 ██████████ 464	11/06/89								
Q60 ██████████ 6-4160			66- -	W3 ██████████ 02	1	05/15/01	02	303	06	06/07/01	
							03	305	06	06/07/01	
██████████, ██████████		- -	12/07/89								
C74 ██████████ -300-1120		V71.02	66- -	I3 ██████████ 13	1	03/25/02	03	303	06	07/09/02	
██████████, ██████████		- -	07/30/87								
B07 ██████████ 0-1140			66- -	X3 ██████████ 32	1	09/10/03	01	303	81	09/10/03	
██████████, ██████████ W		- -	03/09/86								
L98 ██████████ 0-6260			66- -	I2 ██████████ 86	1	02/05/00	02	303	06	03/28/00	
							03	305	06	03/28/00	
							04	301	06	02/14/02	
██████████, ██████████ L		- -	02/26/88								
E66 ██████████ 0-3260			66- -	F3 ██████████ 12	1	02/12/02	04	303	06	05/14/02	
██████████, ██████████ J		- -	04/26/90								
W64 ██████████ 0-5260		V71.02	66- -	I3 ██████████ 31	1	03/07/03	02	303	06	06/24/03	
██████████, ██████████ Y R		33 ██████████ 194	02/28/86								
C86 ██████████ 0-5310		V71.02	66- -	T3 ██████████ 15	1	03/13/02	02	303	06	06/03/02	
██████████, ██████████ J		- -	06/25/83								

REPORT: L253  
 TIME PERIOD COVERED: All clients with currently open programs.  
 PRIMARY SORTS: Agency, SPC provider.  
 SECONDARY SORTS: Client name (alphabetical).  
 COMMENTS: This report is the same as the L252 except that Family ID is not used in the output sort sequence. The report provides each SPC provider with a listing of their currently active clients.

# APPENDIX A

REPORTING UNIT: [REDACTED] CO DCP  
 REPORT ID : HSR5 L-500 B-3 UNITS REPORT

SEQNO: 1 PAGE: 1

RUNDATE: 01MAY04

CLIENT NAME			CLIENT #	SSN	DOB	SEX	ETH	CLIENT CHAR	RES COUNTY	SERVICE LOC								
EPISODE		START	END															
PRG	SRV	START	END	PROV	ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD

REPORT: L500  
 TIME PERIOD COVERED: All clients active sometime during the current year.  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Client name (alphabetical).  
 COMMENTS: Provides service history for all clients active during current year.

REPORTING UNIT: 2015 [REDACTED] CO UNIFIED BOARD  
REPORT ID : HSRs-L600 CLIENT UNITS SUMMARY  
SEPARATE BY # : 07 [REDACTED] 00  
NAME : [REDACTED] COUNTY DCP

SEQNO: 35 PAGE: 14  
RUNDATE: 01MAY04

NAME :			COUNTY DCP	P/T PYSCHI												MONTHLY UNITS												YTD
CLIENT NAME			EPIS	KEY	MOD	PRGM	PRGM	UNIT																				
HSRS	ID	NBR	FAM	ID	PK	SPC	TG	START	END	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS					
			T2657687		1																							
C38		160		03	507	01	000	105		14			0.3										0.3					
			K1644406		1																							
L90		240		09	300	01	031	101		14	0.3	0.5	0.3										1.1					
			Z0082549		1																							
G19		120		11	800	01	040	301		14			1										1					
			R3071293		1																							
C02		020		03	400	01	020	502															0					
			H1404059		1																							
B64		020		10	507	01	020	102															0					
			S1050730		1																							
L88		420		09	800	01	000	913		14	0.3		0.3										0.6					
			H0718725		1																							
O25		530		11	800	01	021	216															0					
			Z3129957		1																							
X67		210		01	800	01	020	102															0					
			V0158595		1																							
R30		210		13	507	01	020	102															0					
			X2955313		1																							
G746-234-240-6020				03	507	01	011	029		14	0.3	0.3	0.3										0.9					

REPORT: L600  
TIME PERIOD COVERED: All clients active sometime during current year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name (alphabetical, by last name).  
COMMENTS: Provides service history for all clients active during current year.

# APPENDIX A

.&FORMAT █████ CO DEPT OF SOC SERV L700 1████0 PRINTS:1 FICHE: 0  
REPORTING UNIT: █████ CO DEPT OF SOC SERV  
REPORT ID : HSRs L-700 COP CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

SEQNO: 1 PAGE: 1  
RUNDATE: 30APR04

CLIENT NAME			EPIS KEY				SPC	UNIT	MONTHLY												UNITS				YTD
HSRS	ID	NBR	PK	SPC	TG	PG	STR	PG	END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS	
█████,	█████	M					M0030552																		
V54	█████	050	04	102	58	960	103					0	0	0	0	0	0	0	0	0	0	0	0	0	
			05	107	58	970	101					0	0	0	0	0	0	0	0	0	0	0	0	0	
			06	108	58	980	801					0	0	0	0	0	0	0	0	0	0	0	0	0	
			07	615	58	981	201					0	0	0	0	0	0	0	0	0	0	0	0	0	
			14	104	58	030	801					0	0	0	0	0	0	0	0	0	0	0	0	0	
█████,	█████	F					F0019495																		
N85	█████	050	03	102	31	950	804					0	0	0	0	0	0	0	0	0	0	0	0	0	
			05	107	31	970	101					0	0	0	0	0	0	0	0	0	0	0	0	0	
			06	110	31	000	601					0	0	0	0	0	0	0	0	0	0	0	0	0	
█████,	█████	C					H0056001																		
J05	█████	040	08	107	31	010	801					0	0	0	0	0	0	0	0	0	0	0	0	0	
			09	104	31	020	101					0	0	0	0	0	0	0	0	0	0	0	0	0	
			10	108	31	030	101					0	0	0	0	0	0	0	0	0	0	0	0	0	
█████,	█████	R					C0083660																		
O16	█████	250	04	107	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
			05	108	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
			08	104	31	020	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
█████,	█████						H0098849																		
M39	█████	050	07	110	58	020	501					0	0	0	0	0	0	0	0	0	0	0	0	0	
			09	706	58	020	512					0	0	0	0	0	0	0	0	0	0	0	0	0	
█████,	█████	K					P0083673																		
R82	█████	060	04	104	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
			05	107	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
			06	110	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	
			07	108	31	010	301					0	0	0	0	0	0	0	0	0	0	0	0	0	

REPORT: L700  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name (alphabetical), program key.  
COMMENTS: Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.

# APPENDIX A

.&FORMAT █████ CO DEPT OF SOC SERV L800 1████0 PRINTS:1 FICHE: 0  
REPORTING UNIT: █████ CO DEPT OF SOC SERV  
REPORT ID : HSRs-L800 WAIVER CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

PAGE: 1  
RUNDATE: 30APR04

CLIENT NAME	FAMILY ID	EPIS KEY	MOD SPC	UNIT-----	MONTHLY	UNITS-----	YTD									
HSRS ID NBR	PK SPC TG PG STR PG END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
[REDACTED], [REDACTED] D V92 [REDACTED] 010	G0110678		A													
	04	112 58	030424		0	0	0	0	0	0	0	0	0	0	0	0
	05	402 58	030424		0	0	0	0	0	0	0	0	0	0	0	0
	06	104 58	030424		0	0	0	0	0	0	0	0	0	0	0	0
	07	107 58	030424		0	0	0	0	0	0	0	0	0	0	0	0
[REDACTED], [REDACTED] L I33 [REDACTED] 030	08	503 58	030319		0	0	0	0	0	0	0	0	0	0	0	0
	EPISODE CLOSED															
	04	112 58	970408 040415		0	0	0	0	0	0	0	0	0	0	0	0
	07	104 58	001023 040415		0	0	0	0	0	0	0	0	0	0	0	0
	08	104 58	010108 040415		0	0	0	0	0	0	0	0	0	0	0	0
	09	402 58	020316 040415		0	0	0	0	0	0	0	0	0	0	0	0
	12	112 58	021201 040415		0	0	0	0	0	0	0	0	0	0	0	0
	13	112 58	030718 040415		0	0	0	0	0	0	0	0	0	0	0	0
[REDACTED], [REDACTED] W96 [REDACTED] 030	14	503 58	040319 040415		0	0	0	0	0	0	0	0	0	0	0	0
	W0032590		A													
	02	104 57	961120		0	0	0	0	0	0	0	0	0	0	0	0
	03	112 57	961120		0	0	0	0	0	0	0	0	0	0	0	0
	04	112 57	970201		0	0	0	0	0	0	0	0	0	0	0	0
	07	112 57	980801		0	0	0	0	0	0	0	0	0	0	0	0
	09	112 57	001101		0	0	0	0	0	0	0	0	0	0	0	0
	10	112 57	010601		0	0	0	0	0	0	0	0	0	0	0	0
	12	402 57	011219		0	0	0	0	0	0	0	0	0	0	0	0

REPORT: L800  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name  
COMMENTS: Provides a history of units reported, by month, for all programs provided to waiver clients open during the current (or in the case of January and February, previous) year.

## APPENDIX A

REPORTING UNIT: [REDACTED] CO DCP  
REPORT ID : HSR5-L900 MASTER CLIENT UNITS SUMMARY  
SEPARATE BY # :  
NAME :

SEQNO: 3 PAGE: 3  
RUNDATE: 29MAY04

CLIENT NAME	HSRS ID	NBR	SPC	UN	-----MONTHLY UNITS-----												YTD
MT EPIS KEY PK SPC TG PRG ST PG END PROVIDER	TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS			
CH [REDACTED] SKI, [REDACTED] MAS W	V324-	[REDACTED]	-5240														
1 V2978113 01 300 01														0			
COC [REDACTED] NE, [REDACTED] E	X078-	[REDACTED]	-4260														
A W0100710 01 899 122800														0			
CO [REDACTED] LL, [REDACTED] LY M	K909-	[REDACTED]	-4250														
A Y0099074 01 112 01 080102		42	0	0	1	0	0	0	0	0	0	0	0	1			
02 112 01 080102														0			
03 112 01 080102														0			
04 112 01 080102														0			
CR [REDACTED] D, [REDACTED] ON	S461-	[REDACTED]	-6260														
1 K1048486 01 507 64														0			
02 507 31														0			
CR [REDACTED] D, [REDACTED] EE L	V587-	[REDACTED]	-6260														
1 F0844641 02 300 01														0			
DA [REDACTED] WSKI, [REDACTED] D	X521-	[REDACTED]	-3350														
1 U2978112 01 300 01														0			
DA [REDACTED] KI, [REDACTED] OL A	E526-	[REDACTED]	-6350														
1 D0919129 01 108 01														0			
02 506 01														0			
03 300 01														0			
DA [REDACTED], [REDACTED] ONY M	O050-	[REDACTED]	-5320														
A X0104689 03 507 01 010104		42	28.5	25.5	29.9	0	0	0	0	0	0	0	0	83.9			
DA [REDACTED] N, [REDACTED] GY A	W157-	[REDACTED]	-2310														
1 F1206327 01 507 31														0			
DE [REDACTED], [REDACTED] NA M	K196-	[REDACTED]	-5320														

6 D2934857

REPORT: L900  
TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.  
PRIMARY SORTS: Agency, SPC provider.  
SECONDARY SORTS: Client name  
COMMENTS: This report presents units reported on CORE and LTS clients.

## APPENDIX A

### IV. TICKLER REPORTS

Three tickler reports exist on HSRS. These are the L102, Clients with Diagnosis Deferred or Missing, the L220, Case Review Date, and the L330 SPC Review Date.

The L102 lists all clients who have a missing Diagnosis or Diagnosis deferred (799.9).

The L220 report is based on the Next Review Date field (Field 10) of the DDE-31. Agencies may use this field for review lists or any other activity they designate. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

The L330 report is based on the next SPC Review Date field of the DDE-31. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

# APPENDIX A

REPORTING UNIT: [REDACTED] COUNTY HSD  
 REPORT ID : HSRs-L102 CLIENTS WITH DIAGNOSIS DEFERRED OR MISSING  
 SEPARATE BY # : 94 [REDACTED] 03  
 NAME : BA [REDACTED] RT

SEQNO: 9 PAGE: 9  
 RUNDATE: 05/29/04

CLIENT NAME	CLIENT HSRS ID	LOCAL TEXT	EPISODE KEY	MOD TYPE	DIAGNOSIS
BR [REDACTED] IAM A	O580- [REDACTED] -4160		U0020524	A	
CA [REDACTED]	S269- [REDACTED] -6260		Z0531855	1	
CH [REDACTED] HARRY	J301- [REDACTED] -6260		Y0090702	A	
HO [REDACTED] EMARIE	Y848- [REDACTED] -2040		I2815158	1	
KR [REDACTED] RD E	X590- [REDACTED] -2260		N0073193	A	
LA [REDACTED] EL C	U024- [REDACTED] -4460		S3186214	1	
MO [REDACTED] F	G306- [REDACTED] -5560		X3087211	1	
OL [REDACTED] RET	F506- [REDACTED] -6040		L0114245	A	
PH [REDACTED] AN	T107- [REDACTED] -5240		S0026996	A	
RI [REDACTED] ARD	D304- [REDACTED] -2650		R0112275	A	
RO [REDACTED] E	O238- [REDACTED] -2610		E3397398	1	
WA [REDACTED] R	V855- [REDACTED] -3030		C0073208	A	

YOU HAVE 13 CASES WITH A DEFERRED OR MISSING DIAGNOSIS

REPORT: L102  
 TIME PERIOD COVERED: As of date of program execution.  
 PRIMARY SORTS: Agency then worker. (Separate page for each worker).  
 SECONDARY SORTS: Alphabetical by client name.  
 COMMENTS: Lists all clients who have no entry in diagnosis field or a diagnosis of 799.9. HSDs and DCPs should be able to use this report to ensure that an appropriate diagnosis is entered for all clients.



# APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV SEQNO: 37 PAGE NO:  
 REPORT ID : HSRS-L220 REVIEW OR REPORTS DUE BY 07/31/04 BASED ON NEXT CASE REVIEW DATE RUNDATE: 05/29/04  
 SEPARATE BY # : 91 [REDACTED] 15  
 NAME : [REDACTED]

CLIENT NAME	CLIENT HSRS ID	BIRTH DATE	EPISODE KEY	MOD TYPE	REVIEW OR REPORT DUE	OVERDUE
BE [REDACTED]	H174-[REDACTED]-4140	12/31/00	A31 [REDACTED] 84	1	07/25/04	
CU [REDACTED] DRA R	F757-[REDACTED]-5260	07/17/88	T10 [REDACTED] 59	1	05/30/04	
GE [REDACTED] A M	E018-[REDACTED]-4260	08/30/98	F33 [REDACTED] 95	1	06/19/04	
GE [REDACTED] N J	J093-[REDACTED]-2260	10/30/02	I33 [REDACTED] 98	1	06/19/04	
HI [REDACTED]	J031-[REDACTED]-1050	04/10/99	B30 [REDACTED] 45	1	07/11/04	
LI [REDACTED] MARA	B006-[REDACTED]-5410	03/20/93	X33 [REDACTED] 31	1	07/01/04	
LI [REDACTED] OMAS G	Y642-[REDACTED]-5410	07/06/94	X33 [REDACTED] 85	1	07/01/04	
MA [REDACTED] W	G104-[REDACTED]-5520	11/01/01	Q30 [REDACTED] 06	1	07/13/04	
SC [REDACTED] B M	C254-[REDACTED]-1240	12/12/90	T33 [REDACTED] 35	1	05/30/04	
SI [REDACTED] D J	N371-[REDACTED]-1250	05/13/91	P33 [REDACTED] 31	1	06/01/04	
SI [REDACTED] D	B091-[REDACTED]-5250	05/30/91	J33 [REDACTED] 25	1	06/01/04	
ST [REDACTED] M	W160-[REDACTED]-3230	02/21/99	E31 [REDACTED] 88	1	07/25/04	

YOU HAVE 12 REPORTS DUE  
 0 OF THEM ARE OVERDUE

REPORT: L220  
 TIME PERIOD COVERED: Indicates reviews or reports due by end of the second month after run month.  
 PRIMARY SORTS: Agency, worker (separate page for each worker).  
 SECONDARY SORTS: Alphabetical by client name.  
 COMMENTS: This report is based on the contents of DDE-31 Case Review Date(Field 10) or Screen 18 Next Review Date for module clients. Clients having dates in this field which occur before the run date will be indicated as overdue for a review or report by the symbol.

# APPENDIX A

REPORTING UNIT: [REDACTED] HUMAN SERV DEPT  
 REPORT ID : HSRs-L330 REVIEW OR REPORTS DUE BY 07/31 BASED ON NEXT SPC REVIEW DATE  
 SEPARATE BY # : 0 [REDACTED] 02  
 NAME : [REDACTED] HEALTH CLINIC OUTPATIENT

SEQNO: 31 PAGE NO:  
 RUNDATE: 5/29/04

CLIENT NAME	HSRS ID NBR	BIRTH DATE	MOD TYPE	EPISODE KEY	PRG KEY	SPC	DUE	OVERDUE
BAU [REDACTED] IAN J	B140-[REDACTED]-6150	02/01/84	9	P02 [REDACTED] 68	01	507	07/04	
BER [REDACTED] W T	Q054-[REDACTED]-3160	12/10/72	9	P01 [REDACTED] 48	01	507	04/04	<===
CAR [REDACTED] R	X663-[REDACTED]-4260	10/06/50	9	S02 [REDACTED] 81	01	507	06/04	
ENG [REDACTED] TRICIA J	M778-[REDACTED]-3050	10/17/52	9	G02 [REDACTED] 17	01	507	04/04	<===
FRO [REDACTED] MELVIN	D114-[REDACTED]-6160	11/11/42	9	T02 [REDACTED] 42	01	507	05/04	
HAL [REDACTED] DWARD	Q350-[REDACTED]-5040	02/13/60	9	J02 [REDACTED] 84	01	507	06/04	
HEN [REDACTED] N M	D986-[REDACTED]-5640	05/29/55	9	Z00 [REDACTED] 72	01	507	07/04	
HER [REDACTED]	Z140-[REDACTED]-2060	02/01/49	9	A02 [REDACTED] 37	01	507	04/04	<===
HUE [REDACTED] J	P317-[REDACTED]-6010	06/13/84	9	X02 [REDACTED] 98	01	507	06/04	
LES [REDACTED] H E	V742-[REDACTED]-5420	07/07/43	9	N01 [REDACTED] 08	01	507	04/04	<===
MAR [REDACTED]	D436-[REDACTED]-4560	04/14/60	9	Z02 [REDACTED] 28	01	507	07/04	
MAR [REDACTED] GEORGE	Y623-[REDACTED]-2560	09/06/48	9	E00 [REDACTED] 77	01	507	04/04	<===
MEY [REDACTED]	O528-[REDACTED]-6560	09/05/73	9	V02 [REDACTED] 20	01	507	06/04	
MIL [REDACTED]	D864-[REDACTED]-5540	12/28/66	9	H01 [REDACTED] 44	04	507	04/04	<===
MOE [REDACTED]	A701-[REDACTED]-2500	03/27/31	9	A02 [REDACTED] 29	01	507	07/04	
PLE [REDACTED] W	V692-[REDACTED]-5140	08/16/59	9	D01 [REDACTED] 54	02	507	07/04	
RAD [REDACTED] J	J902-[REDACTED]-5630	06/09/29	9	U02 [REDACTED] 73	01	507	07/04	
STA [REDACTED] A	L847-[REDACTED]-6230	07/08/62	9	A00 [REDACTED] 15	03	507	04/04	<===
VIE [REDACTED] I L	P649-[REDACTED]-6150	12/06/64	9	N02 [REDACTED] 42	01	507	07/04	
WOO [REDACTED]	W763-[REDACTED]-5030	10/07/66	9	Y02 [REDACTED] 77	01	507	07/04	

YOU HAVE 20 REPORTS DUE  
 7 OF THEM ARE OVERDUE

REPORT: L330  
 TIME PERIOD COVERED: Indicates reviews or reports due by end of program run month.  
 PRIMARY SORTS: Agency provider (separate page for each provider).  
 SECONDARY SORTS: Alphabetical by client name.  
 COMMENTS: This report is based on the contents of the SPC Review Date field.

## APPENDIX A

### V. L303 QUARTERLY REPORTS

The L303 reports are year to date reports produced quarterly. They are normally run one month following the end of the quarter and contain data for services through the end of the quarter.

The L303 comprises seven tables. They are numbered 1, 2, 3, 7, 9, 10, 11, the missing numbers being discontinued tables. These are management reports summarizing HSRS data into various categories. No client specific data are shown.

## APPENDIX A

### Table #1

Table 1 displays unduplicated client counts by sex, race, Hispanic/Latino indicator, and age. Any client receiving programs during the period of the report is included.

The example page is a complete report for one agency.

# APPENDIX A

\*  
REPORT OMI-303 - JAN 1 2000 – SEPT 30, 2000  
UNDUPLICATED CLIENTS WITH PROGRAMS  
\*

TABLE #1

REPORTING UNIT xxxx CO DEPT OF SOC SERV

	UNDUPCLT	
	COUNT	PERCENT
*** TOTAL CLIENTS ***	3131	100
*** SEX ***		
FEMALE	1663	53
MALE	1468	47
*** RACE ***		
ASIAN	423	14
BLACK	46	1
A.IND	26	1
P.ISL	1	0
WHITE	3725	84
*** HISP IND ***		
N	3125	100
Y	6	0
*** AGE ***		
UNDER 6	254	8
14 THRU 17	618	20
18 THRU 24	796	25
25 THRU 35	194	6
36 THRU 59	262	8
60 AND OVER	861	27

## APPENDIX A

### Table #2

Table 2 displays client counts by zip code broken down by sex, race, Hispanic/Latino indicator, and age.

All client counts are unduplicated. The first line, Total Clients, therefore matches Table 1 figures.

The example page is not a complete report.

DATE OF RUN DEC 31, 2000

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

CLIENTS WITH PROGRAMS  
ONE COUNT FOR EACH CLIENT

TABLE #2

DEPT OF SEC SERV

	SEX			RACE				HISP ORIG				AGE					
	TOTAL	FMALE	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO	UNDER 6	THRU 13	THRU 17	THRU 24	THRU 35	THRU 59	AND OVER
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
TOT CLTS	807	43	464	11	335		5	456	48	759	138	267	359	43			
-----																	
ZIPCODE																	
-----																	
53704	1		1					1		1		1					
53717	1		1					1		1		1					
NO ZIP	805	343	462	11	335			5	454	48	757	138	267	357	43		

## APPENDIX A

### Table #3

Table 3 displays client counts by client characteristics broken down by sex, race, Hispanic/Latino indicator, and age.

The first line, Total Clients, is an unduplicated count of all clients. These figures therefore match those found in Table 1.

All three client characteristic fields are used. Each client is counted once in each client characteristic entered for the client on episodes containing services open at some time during the captioned time period. A client may then be counted in more than one characteristic.

The example page is not a complete report.



DATE OF RUN DEC 31, 2000

## REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

CLIENTS WITH PROGRAMS  
 ONE COUNT FOR EACH CLIENT FOR EACH DISTRICT CLIENT CHARACTERISTIC  
 ALL THREE CLIENT CHARACTERISTIC FIELDS ARE USED IN CATEGORIZING CLIENTS  
 CLIENT TOTALS ARE UNDUPLICATED

TABLE #3

DEPT OF SEC SERV

	SEX			RACE					HISP ORIG		UNDER 6	6 THRU 13	AGE 14 THRU 17	18 THRU 24	25 THRU 35	36 THRU 59	60 AND OVER
	TOTAL	FMAL	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO							
TOT CLTS	807	43	464	11	335		5	456	48	759	138	267	359	43			
MI - EXCL SP	17	8	9		6			11	1	16		3	13	1			
SPMI	3		3					3		3		1	2				
ALCOH ABUS	6	4	2		3			3		6	3	1	2				
HRING IMPR	2	1	1					2		2		2					
CHRONIC AL	3	3			2			34		3	2	1					
AODA	45	17	28		11			1	3	42	5	7	30	3			
DD-BRN TRA	1	1						9		1			1				
DD-MENTAL	10	3	7				1	1		10	2	6	2				
DD-EPOLEPS	1	1								1		1					
DD-OTH OR	17	7	10		11			6	1	16	2	6	6	3			
COOR.CRIM-	2	1	1		2					2	2						
OTHER HAND	4	1	3		3			1		4	1	3					
REFUGEE	1	1		1						1	1						
CUBAN.HAIT	1		1		1					1				1			
UNMARRIED	47	17	30		21			53	1	9	12	20	8	1			
CHIPS-ABUS	74	40	34	1	20			28	7	239	9	33	210	15			
CHIPS-AB	38	21	17	1	9			73	4	74	5	12	26	7			
CHIPS-NEGL	190	81	109	2	114		1	15	10	119	71	80	45	3			
FAM MEM CH	33LD	16	17		18			7	1	4	8	18					
REP SCHL T	89	3	5		4		2	4		8		4	4				
NONE OF TH	135	47	78	1	52			80	8	127	26	53	48	8			

## APPENDIX A

### Table #7

Table 7 displays client counts by target group broken down by sex, race, Hispanic/Latino indicator, and age.

The first line, Total Clients, is an unduplicated count of all clients. Figures therefore match those found in Table 1.

Each client is counted once in each target group in which one or more SPCs were received during the captioned time period. A client may then be counted in more than one target group.

The example page is a complete report for one agency.

DATE OF RUN DEC 31, 2000

REPORT OMI - 303 - JAN 1, 2000 - DEC 31, 2000

CLIENTS WITH PROGRAMS  
ONE COUNT FOR EACH CLIENT FOR EACH DISTRICT TARGET GROUP  
CLIENT TOTALS ARE UNDUPLICATED

TABLE #7

DEPT OF SEC SERV

	BY RACE, SEX, AGE															
	SEX			RACE					HISP ORG		AGE					
	TOTAL	FEMALE	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO	6	14	18	25	36	60
											UNDER	THRU	THRU	THRU	THRU	THRU
											6	13	17	24	35	59
TOT CLTS	807	352	471	11	335		5	456	48	759	138	267	359	43		
-----																
TARGET GROUP																
DELINQ&ST	279	104	166	7	96		1	166	17	253	6	30	213	21		
ABUSED/NEG	293	139	154	2	135		2	154	18	275	90	126	67	10		
CHILDREN &	260	109	151	3	112		2	143	14	246	43	115	90	12		

## APPENDIX A

### Table #9

Table 9 displays program counts by length of service for target groups within SPC.

The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore, both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column.

The second column, headed Target Group is developed from the target group codes entered for each SPC. If your agency requested it, the actual codes are used, including the extended CSIS codes. If no such request was made then the codes are collapsed into the eight HSRS codes. (Exceptions are codes 30, 56, and 99 which cannot be placed accurately; these appear separately.) An \* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or Cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals, for example, total for community living/support services (300). Breaks between clusters are designated by double dashed lines ( = = = = = ).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous paragraph. The SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

The third column, labeled No Dates Entered contains the counts of SPCs entered for the captioned time period with no SPC start date.

Subsequent columns contain counts of SPCs open for the length of time shown. The length of service for open SPCs is taken to the end of the captioned time period.

The total column on the right matches program counts for corresponding categories on Tables 10 and 11. As with 10 and 11 the number of programs is determined as the actual number of programs entered into HSRS. This means that if there are six programs in an episode, number 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

DATE OF RUN DEC 31, 2000

REPORT OMI – 303 - JAN 1, 2000 – DEC 31, 2000

PROGRAM COUNTS BY SPC/CLUTER, TARGET GROUP AND, LENGTH OF SERVICE  
EACH PROGRAM DELIVERED IS GIVEN A COUNT

TABLE #9

DANE CO DEPT OF SEC SERV

SPC/CLUSTER	TARGET GRPOUP	NO DATES	LESS THAN	1 TO 4	4 TO 7	7 TO 10	10 TO 13	13 TO 19	19 TO 24	24 OR MORE	TOTAL
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
FOSTER HOME	DELINQ&ST OFFENDER*		30	31	32	17	4	8	5	3	130
	ABUSED/NEG CHILE*		90	60	66	28	22	34	21	71	392
	CHILDREN & FAMILY		99	56	45	32	17	28	11	50	338
	TOTAL		219	147	143	77	43	70	37	124	860
GROUP HOME	DELINQ&ST OFFENDER*		30	31	32	17	4	8	5	3	130
	ABUSED/NEG CHILE*		90	60	66	28	22	34	21	71	392
	CHILDREN & FAMILY		99	56	45	32	17	28	11	50	338
	TOTAL		219	147	143	77	43	70	37	124	860
TOTAL FOR COMMUNITY RESIDENTAIL CERVICE (700)											
	DELINQ&ST OFFENDER*		60	62	64	34	8	16	10	8	130
	ABUSED/NEG CHILE*		180	120	132	56	44	68	42	142	784
	CHILDREN & FAMILY		198	112	90	64	34	56	22	100	676
	TOTAL		438	294	286	154	86	140	74	248	1620

## APPENDIX A

### Table #10

Table 10 displays program counts, client counts, days of care, and optional units for SPC within target groups.

The first column headed Target Group contains the target group codes entered for each SPC. An \* after the target group indicates a HSRS grouping. An \*\* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The second column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on waivers, a separate line appears for waiver data.

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example, a client receiving two CBRF (506) programs both with Target Group DD (01) is counted as one client on the line for Target Group DD/SPC CBRF. Also a client receiving SPCs 506 and 507, both with target group 01, is counted in each SPC under that target group but only once in the target group total.

Days of care are shown and totals for any category in which they were entered.

Other units are tabulated as entered. Totals by target group are not calculated since different unit types may be reported for different SPCs.

The example is a single page taken from the interior of a sample report.

DATE OF RUN DEC 31, 2000

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP  
EACH PROGRAM DELIVERED IS COUNTED  
A CLIENT IS COUNTED IN EACH SPC/CLUSTER-TARGET GROUP IS WHICH SERVICE WAS RECIEVED

TABLE #10

DEPT OF SEC SERV

TARGET GRPOUP	SPC/CLUSTER	#OF PROGRAMS	#OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
DELINQ&ST OFFENDER*	FOSTER HOME (CSC)	130	99	15185	153.38	
	GROUP HOME (CSQ)	197	157	18764	119.52	
	CHILD CARE INSTITUTN (CSQ)	114	91	10553	115.97	
	TOTAL	441	270	44503	164.83	
ABUSED/NEG CHILD**	FOSTER HOME (CSC)	392	276	65585	237.63	
	GROUP HOME (CSQ)	48	36	3626	100.72	
	CHILD CARE INSTITUTN (CSQ)	21	16	2172	135.75	
	TOTAL	461	293	71383	243.63	
CHILDREN & FAMILY*	FOSTER HOME (CSC)	338	231	47315	204.83	
	GROUP HOME (CSQ)	67	46	5679	123.46	
	CHILD CARE INSTITUTN (CSQ)	30	26	3538	135.08	
	TOTAL	435	260	56532	217.43	

## APPENDIX A

### Table #11

Table 11 displays program counts, client counts, days of care, and optional units for target groups within SPC.

The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on waivers, a separate line appears for waiver data.

The second column, headed Target Group contains the target group codes entered for each SPC. An \* after the target group indicates a HSRS grouping. An \*\* after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals; for example Total for Comm Living/Support Services (300). Breaks between clusters are designated by double dashed lines ( = = = = = ).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous paragraph. These SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example a client receiving two CBRF (506) programs, one in target group DD (01) and one in target group AODA (18) is counted in each target group line but contributes only one count to the total for SPC 506. The same is true for a client receiving two SPCs within the same cluster; the cluster client totals will count that client only once.

Days of care are shown and totaled for any category in which they were entered.

Other units are tabulated when entered. Totals within SPC only are shown since different unit types may be used for different SPCs.



## REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP  
 EACH PROGRAM DELIVERED IS COUNTED  
 A CLIENT IS COUNTED IN EACH SPC/CLUSTER-TARGET GROUP IS WHICH SERVICE WAS RECIEVED

TABLE #11

██████ DEPT OF SEC SERV

SPC/CLUSTER	TARGET GROUP	#OF PROGRAMS	#OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
FOSTER HOME (CSC)	DELINQ&ST OFFENDER*	130	99	15185	153.38	
	ABUSED/NEG CHILD*	197	157	18764	119.52	
	CHILDREN & FAMILY	114	91	10553	115.97	
TOTAL		441	270	44503	164.83	
GROUP HOME (CSC)	DELINQ&ST OFFENDER*	197	157	18567	119.52	
	ABUSED/NEG CHILD*	48	36	3626	100.72	
	CHILDREN & FAMILY	67	46	5679	123.46	
TOTAL		312	234	28070	119.96	
TOTAL FOR COMMUNITY RESIDENTIAL SERVICE (700)						
	DELINQ&ST OFFENDER*	327	229	10553	148.25	
	ABUSED/NEG CHILD*	440	291	2172	237.84	
	CHILDREN & FAMILY	405	248	3538	213.38	
TOTAL		1172	753	156155	207.38	
CHILD CARE INST (CSC)	DELINQ&ST OFFENDER*	114	91	10553	115.97	
	ABUSED/NEG CHILD*	21	16	2172	135.75	
	CHILDREN & FAMILY	30	26	3538	136.08	
TOTAL		165	133	16263	122.28	
TOTAL FOR INPATIENT AND INSTITUTIONAL CARE (900)						
	DELINQ&ST OFFENDER*	327	229	10553	148.25	
	ABUSED/NEG CHILD*	440	291	2172	237.84	
	CHILDREN & FAMILY	405	248	3538	213.38	
TOTAL		1172	753	156155	207.38	

## APPENDIX A

### VI. SERVICE SUMMARY REPORTS FOR MANAGEMENT

Service summary reports are provided on the HSRS system to assist management in tracking agency activity. The L103 report totals, for each target group, the number of clients active in each SPC for the previous month. It also breaks these clients down into age groups, and classifies the services as purchased or provided.

The L104 report is identical to the L103, except that it uses SPC as the primary variable, and target group as the secondary variable.

The L400 report lists for each combination of SPC provider, SPC and Target Group, the number of clients active in the month being reported, admissions and discharges during this month, and units of service for this month.\* Year to date clients and units of service are also presented.

The L300 report provides a yearly summary of units and costs on all programs provided to waiver clients.

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\*Because of the delay in unit reporting, the month being reported always precedes the program run month by two months. Thus, the L400 run in early April, 2004 will be reporting on clients and units associated with February, 2004.

# APPENDIX A

1.&FORMAT SHAWANO CO DEPT OF SOC SERV L103 105800 PRINTS:1 FICHE: 0  
 REPORTING UNIT: 1058 SHAWANO CO DEPT OF SOC SERV  
 SEQNO: 1 PAGE: 1  
 REPORT ID : HRSR-L103 SUMMARY OF CLIENTS RECEIVING SERVICE FOR THE MONTH OF MAY 2004  
 RUNDATE: 05/29/04  
 0 -- AGE BY PURCHASED/PROVIDED --

TARGET GROUP AND SPC	( 0 - 17 )		( 18 - 64 )		( 65 AND OVER )		TOTAL
	PURCH	PROV	PURCH	PROV	PURCH	PROV	
-DEVELOP DISABLE							
095	0	0	1	0	0	1	2
SUPP HOME CR	0	0	1	0	0	0	1
TRANS/ESCORT	0	0	0	1	0	0	1
INTER SERV	0	0	0	4	0	0	4
CASE MANAGMNT	0	0	0	1	0	0	1
HLTH SCREEN	0	0	0	1	0	0	1
0--TOTAL-----	0	0	2	7	0	1	10
0DELNQT STAT OFF							
FOSTER HOME	3	0	0	0	0	0	3
GROUP HOME	1	0	0	0	0	0	1
COURT STUDIES	0	136	0	9	0	0	145
PROBA/SUPERV	0	118	0	17	0	0	135
RESTITUTION	0	41	0	8	0	0	49
COUNSELING	0	110	0	2	0	0	112
INTAKE ASSES	0	9	0	2	0	0	11
0--TOTAL-----	4	414	0	38	0	0	456
0PHY/SENS DISABLE							
095	0	0	12	19	2	0	33
RESPIRE CARE	0	0	0	2	0	0	2
SUPP HOME CR	0	0	3	52	1	5	61
TRANS/ESCORT	0	0	1	30	0	5	36
INTER SERV	0	0	5	52	2	7	66
COURT STUDIES	0	0	0	2	0	0	2
CONGREG MEAL	0	0	0	5	0	1	6
HOMEDL MEAL	0	0	0	20	0	1	21
RECREATION	0	0	0	2	0	0	2
COUNSELING	0	0	0	2	0	0	2
INTAKE ASSES	0	0	0	4	0	0	4
CASE MANAGMNT	0	0	2	52	0	5	59
710	0	0	1	0	0	0	1
897	0	0	1	0	0	0	1
898	0	0	9	1	1	0	11
0--TOTAL-----	0	0	34	243	6	24	307

REPORT: L103  
 TIME PERIOD COVERED: Month prior to run month.  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Target group, SPC.  
 COMMENTS: Presents Target Group/SPC breakdowns for the previous month by age and purchased/provided groupings.

# APPENDIX A

1.&FORMAT DOOR CO DEPT OF SOC SERV L104 101500 PRINTS:1 FICHE: 1  
 REPORTING UNIT: 1015 DOOR CO DSS  
 SEQNO: 2 PAGE: 1  
 REPORT ID : HSRs-L104 SPCS OPEN OR ACTIVE FOR THE CALENDAR MONTH OF MAY 2004  
 RUNDATE: 05/29/04  
 BY CLIENT TARGET GROUP, AGE GROUP AND PURCHASED/PROVIDED

SPC AND TARGET GROUP	( 0 - 17 ) PURCH	PROV	( 18 - 64 ) PURCH	PROV	( 65 AND OVER ) PURCH	PROV	TOTAL
-095							
PHY/SENS DISABLE	0	0	2	0	0	0	2
ADULTS & ELDERLY	0	0	0	0	11	0	11
0--TOTAL-----	0	0	2	0	11	0	13
0ADULT DAY CARE							
ADULTS & ELDERLY	0	0	0	0	1	0	1
0--TOTAL-----	0	0	0	0	1	0	1
0RESPITE CARE							
ADULTS & ELDERLY	0	0	0	0	7	0	7
0--TOTAL-----	0	0	0	0	7	0	7
0SUPP HOME CR							
PHY/SENS DISABLE	0	0	51	1	2	1	55
ADULTS & ELDERLY	0	0	7	0	107	3	117
0--TOTAL-----	0	0	58	1	109	4	172
0TRANS/ESCORT							
PHY/SENS DISABLE	0	0	2	0	0	0	2
ADULTS & ELDERLY	0	0	0	0	6	0	6
CHLD ABS NEGLECT	2	0	0	0	0	0	2
0--TOTAL-----	2	0	2	0	6	0	10
0WORK RELATED							
DELNQT STAT OFF	0	4	0	1	0	0	5
0--TOTAL-----	0	4	0	1	0	0	5
0LIVING SKILLS							
DELNQT STAT OFF	8	0	1	0	0	0	9
CHLD ABS NEGLECT	10	0	1	0	0	0	11
CHILDREN & FAMILY	4	0	3	0	0	0	7
CAN FAMILY MEMBER	0	0	11	0	0	0	11
0--TOTAL-----	22	0	16	0	0	0	38

REPORT: L104  
 TIME PERIOD COVERED: Month prior to run month.  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Standard Program Code, Target Group.  
 COMMENTS: Presents SPC/Target Group breakdown for the previous month by age and purchased/provided groupings.

# APPENDIX A

.&FORMAT DOOR CO DEPT OF SOC SERV L400 101500 PRINTS:1 FICHE: 1  
 REPORTING UNIT: 1015 DOOR CO DEPT OF SOC SERV  
 REPORT ID : HSRs-L400 MONTHLY SERVICE SUMMARY

PAGE: 1

REPORT PERIOD: APR 2004

				-----CURRENT MONTH-----				---YEAR-TO-DATE---	
SPC PROVIDER	SPC	TG	UNIT TYPE	ACTIVE CLIENTS	ADMIS- SIONS	DIS- CHARGES	UNITS OF SERVICE	CLIENTS	UNITS OF SERVICE
-----									
	301	06		1	0	0	0.00	1	0.00
BROWN COUNTY SHELTER CARE	305	06	01	1	0	0	0.00	2	3.00
CURATIVE REHABILITATION CENTERWRAPAROUND	104	58		1	0	0	0.00	1	0.00
VISITING NURSES ASSOCIATION	104	58		1	0	0	0.00	1	0.00
INDP LIVING SKILLS TRNG PRGM LAKESHORE	110	06		8	0	0	0.00	8	0.00
	110	61		2	0	0	0.00	2	0.00
CAREGIVERS HOME HEALTH	104	58		3	0	0	0.00	3	0.00
SPECIALIZED SERVICES, LLC KEN JEANSO	104	58		2	0	0	0.00	2	0.00
IN-HOME CARE LLC ELLEN ANN	104	57		1	0	0	0.00	1	0.00

REPORT: L400

TIME PERIOD COVERED: Two months prior to run date (the report issued early in January, 2004, for example, covers services provided in November, 2003.

PRIMARY SORTS: Agency

SECONDARY SORTS: SPC provider (numeric designation).COMMENTS:Summarizes by SPC Provider, SPC and Target Group, active clients, admissions, discharges and units of service for the month being reported on. Also provides year to date totals of clients served, and units of service.

## APPENDIX A

DIVISION OF DISABILITY AND ELDER SERVICES

August 11, 2004

TO: Local Agency Contacts for HSRS  
FROM: Ruth Diehl, Information Resources Manager  
RE: HSRS FINAL DATA FOR 2003

As in previous years, attached is a report showing data reported on HSRS by your agency for the past 7 years. This report shows your client totals for each of the major target groups for each of the past 7 years as well as unduplicated totals. Many agencies have indicated this is useful for determining agency trends and projecting future needs.

Also attached is a report showing just 2003 data, including data about the age, race, and sex of clients and the services delivered. The reporting deadline for 2003 was February 28, 2004, but all data entered until the end of June are included.

Please share this report with your agency director and other staff who might find it useful.

I would appreciate a reply from you which explains a significant drop (say 10% or more) for any target group. I may use this to footnote reports that are prepared using the data. If you feel you have missing data, also indicate that to me and try to get the data entered in the next two weeks. Lastly, if you identify any policy changes that may contribute to such drops, please indicate what those are. Replies may be sent to the SOS Desk or directly to me. If we have called you in the last few weeks and you explained this over the phone, you need not respond again.

Please note that Birth to Three module clients are counted in the Children and Family category.

Your help in assuring complete and accurate data is much appreciated.

## APPENDIX A

### HSRS Final Data for Calendar Year

Includes final data at the end of each calendar year about the age, race, and sex of clients and the services delivered. Produced in the spring for previous year data.

The SAS System  
CALENDAR YEAR 1999 CLIENTS SERVED  
DEMOGRAPHICS AND SERVICE PROVIDED

8:52 Thursday, August 3, 2000 1

STATE TOTALS

PROGRAM LIBRARY MEMBER PWRXXX SUMHSRS6

TARGET GROUP	AGE										RACE			SEX		TOTAL
	0-5	6-11	12-17	18-21	22-44	45-49	60-74	75+	ASIAN	BLACK	HISP.AM	IND	WHITE	FEMALE	MALE	
DEVELOP DISABLE	5861	2897	2088	1889	11344	5180	1843	503	379	3155	0	294	27170	13483	18120	31903
DELNQT STAT OFF	128	2168	29619	4265	493	2	0	0	1018	7102	0	1184	26480	10758	25917	36675
AODA	33	32	2008	4979	33370	7733	1274	183	184	4315	0	1451	42581	12396	37225	88625
MENTAL HEALTH	611	3891	9334	6816	42311	16715	5493	3454	1061	7830	0	1116	77228	44608	44017	9643
PHY/SENS DISABLE	282	205	191	174	2535	3659	2156	441	129	1515	0	140	765	5520	4123	46740
ADULTS & ELDERLY	0	0	1	119	1125	1528	12036	31931	407	3943	3	323	41760	31409	14331	56191
CHLD ABS NEGLECT	14929	20676	18179	2157	248	1	1	0	975	17659	3	1401	34298	29539	26652	83983
CHILDREN & FAMILY	18039	15412	17383	4817	21549	3271	438	3041	1400	30522	0	1435	46496	47352	23361	83
FAM MBR/DD	9	15	7	3	36	9	2	2	0	11	0	2	69	42	41	8142
FAM MBR/DSD	50	196	316	126	4970	2046	78	360	276	678	0	160	7014	4031	3129	289
FAM MBR/AODA	5	6	53	23	137	48	7	0	2	37	0	3	247	197	92	672
FAM MBR/MH	36	115	104	31	294	75	10	7	22	165	0	12	468	429	426	27
FAM MBR/P&SD	3	4	8	2	7	1	0	1	1	1	0	1	24	11	16	160
FAM MBR/AD&ELD	2	2	5	8	74	44	23	5	0	1	0	20	137	133	27	13215
FAM MBR/CAN	804	1124	1011	613	8016	1245	112	279	445	1318	0	341	10975	7891	5234	55
OTHER	0	0	3	2	25	14	58	3	1	2	0	2	51	32	23	231

IN THESE TABLES 1999 DATA IS UNDUPLICATED STATEWIDE OVER ALL AGENCIES  
PRIOR TO 1990 DATA WAS UNDUPLICATED WITHIN AN AGENCY ONLY

TARGET GROUP	SPC 100	SPC 104	SPC 107	SPC 200	SPC 300	SPC 400	SPC 500	SPC 600	SPC 615	SPC 700	SPC 800	SPC 900	SPC 925	TOTAL
DEVELOP DISABLE	57	3969	3332	1781	22795	3713	54	14660	3560	5062	3335	1906	4	31603
DELNQT STAT OFF	3	3	137	273	7338	22756	3	234	0	5247	19991	2914	0	36675
AODA	12	55	61	386	7735	30221	183	341	12	3912	21931	5719	0	49621
MENTAL HEALTH	148	909	570	1803	19865	17935	7101	2059	1106	3609	64212	16526	295	88625
PHY/SENS DISABLE	5	4077	1533	507	7094	3658	5	399	99	382	555	2039	0	9643
ADULTS & ELDERLY	0	12631	3550	4552	28061	232041	17	738	178	2928	2585	268	0	46740
CHLD ABS NEGLECT	1606	8	128	207	10238	38260	2	14	0	9918	14994	566	3	56191
CHILDREN & FAMILY	3077	30	171	1636	8537	45986	7	8541	2	5120	26171	596	5	83903
FAM MBR/DD	0	0	2	0	52	10	0	3	0	3	25	0	0	83
FAM MBR/DSD	0	2	5	5	1027	4469	0	73	0	5	4499	23	0	8142
FAM MBR/AODA	0	0	0	0	80	69	0	0	0	3	190	0	0	289
FAM MBR/MH	0	0	2	2	366	13	0	0	0	9	578	0	0	672
FAM MBR/P&SD	1	0	0	0	1912	4	0	0	0	0	5	0	0	27
FAM MBR/AD&ELD	3	0	0	3	3667	141	0	0	0	2	2	0	0	160
FAM MBR/CAN	4	5	12	11	30	9117	1	3	0	16	2690	2	0	13215
OTHER	0	0	3	0	0	5	5	0	0	2	18	0	0	55



## HSRS CLIENTS BY TARGET GROUP

06:58 Thursday, April

20,2000 134

1993-1999

AGENCY: [REDACTED] HUMAN SERVICES DEPT

	1993	1994	1995	1996	1997	1998	1999
DEVELOP DISABLE	1287	1318	1412	1563	1499	1416	1538
DELNQT STAT OFF	3107	3068	2351	2676	2561	2514	2667
AODA	3235	3075	1332	1331	1441	1184	1172
MENTAL HEALTH	2657	2874	3031	3346	3004	3036	3205
PHY/SENS DISABLE	148	147	179	271	284	300	296
ADULTS & ELDERLY	1843	1955	1931	2228	2266	2062	2286
ABUS/NEGL CHILD	1646	1750	1367	1887	1793	1345	1316
CHILDREN & FAMIL\	3989	4365	4310	5323	5016	4464	4370
FAM MBR/DD	4	1	3	5	6	4	3
FAM MBR/DSD	2262	2142	1834	2325	2039	1507	1417
FAM MBR/AODA	20	18	8	8	9	9	2
FAM MBR/MH	113	105	66	15	11	10	9
FAM MBR/PSD	2	2	2				1
FAM MBR/A+E	0		2	6	4	4	
FAM MBR/CAN	2062	2298	1709	2435	2116	1635	1587
OTHER							
UNDUP.CLIENTS	19021	19342	16494	19560	18749	16641	17022

## APPENDIX A

### VII. 32T REPORTING TURNAROUNDS

32T reports are designed to assist agencies in the reporting of required data to meet state and federal reporting requirements.

Four versions of the 32T exist. Two of the versions list all SPCs open for the agency in the month prior to the report. The other two versions list only SPCs on which units reporting is a requirement. Each of these versions is also available sorted either by worker or by SPC provider.

The 32WV lists all Waiver programs open during the previous month, and provides spaces for units and costs to be entered for each program. It is sorted by worker.

You may request the 32T using the report menu (screens 05 and 08) on HSRS. However, you must then let the SOS Desk know the specific version(s) you desire:

- By Worker or Provider
- All SPCs or those for which unit reporting is required

# APPENDIX A

REPORTING UNIT: ██████████ DEPT OF SOC SERV  
 REPORT ID : HSR5-32T UNITS REPORT  
 SEPARATE BY # : 72████████06  
 NAME : IN-HOME CARE LLC

PAGE: 5  
 REPORT MONTH: DEC04

CLIENT NAME	CLIENT NBR	MOD	TYPE	SPC	SUB	TG	STRT DATE	SPC	PROVIDER	EPISODE	PGM	DAYS	OTHER	SPC	DEL	END
					PGM					KEY	KEY		UNITS	END DATE	MM/YY	RSN
-BR ██████████ HA	T117-	-6160	1	104		58	07/07/03	7210150006	N3	89	05		_____	_____	12/04	___
-CO ██████████ ARET C	E478-	-6250	1	104		58	07/01/03	7210150006	R3	67	05		_____	_____	12/04	___
-CO ██████████ OROTHY A	M645-	-6260	1	104		58	07/07/03	7210150006	F2	31	08		_____	_____	12/04	___
-CR ██████████ AUDREY G	Z595-	-3260	1	104		58	07/07/03	7210150006	Y1	68	09		_____	_____	12/04	___
-DA ██████████ J	H627-	-2310	1	104		58	06/07/04	7210150006	G3	18	04		_____	_____	12/04	___
-DE ██████████ LYN M	N208-	-1350	1	104		58	07/07/03	7210150006	G2	90	09		_____	_____	12/04	___
-FO ██████████ BETH L	J037-	-4160	1	104		58	07/07/03	7210150006	B3	49	04		_____	_____	12/04	___
-HE ██████████ J	Y149-	-6020	1	104		58	07/07/03	7210150006	Z2	11	05		_____	_____	12/04	___
-KO ██████████ YN J	K386-	-6250	1	104		58	07/07/03	7210150006	U2	32	06		_____	_____	12/04	___
-LI ██████████ IAN J	H608-	-6420	1	104		58	07/07/03	7210150006	P2	59	08		_____	_____	12/04	___
-MA ██████████ FRANCES E	X059-	-6560	1	104		58	07/07/03	7210150006	C2	14	08		_____	12/06/04	12/04	___
-MU ██████████ LYN M	I708-	-1540	1	104		58	07/07/03	7210150006	P2	79	07		_____	_____	12/04	___
-PE ██████████ ITA N	G055-	-5130	1	104		58	07/07/03	7210150006	L2	39	11		_____	_____	12/04	___
-SI ██████████ ZAS	N733-	-0230	1	104		58	07/07/03	7210150006	G3	86	05		_____	_____	12/04	___
-SP ██████████ TH	S624-	-5210	1	104		58	07/07/03	7210150006	F1	93	10		_____	_____	12/04	___
-SP ██████████ LES W	D864-	-6210	1	104		58	07/07/03	7210150006	D3	51	03		_____	_____	12/04	___
-SU ██████████ IAN	G445-	-6210	1	104		58	07/07/03	7210150006	S1	18	08		_____	_____	12/04	___

REPORT: L110  
 TIME PERIOD COVERED: Current  
 PRIMARY SORTS: Agency (see below)  
 SECONDARY SORTS: (See below)  
 COMMENTS: This report acts as a unit reporting reminder. Four versions of this report are available (see next page).

## APPENDIX A

Four versions of this report are available:

PA-SPC	Provider sorted, lists all programs currently open or closed in previous month.
PR-SPC	Provider sorted, lists only those programs currently open or closed in previous month in which unit reporting is required.
WA	Worker sorted, lists all programs currently open or closed in previous month.
WR	Worker sorted, lists only those programs currently open or closed in previous month in which unit reporting is required.

# APPENDIX A

REPORTING UNIT: [REDACTED] CO DSS  
 REPORT ID : HSR5-32WV UNITS REPORT - WAIVER CLIENTS  
 SEPARATE BY # : 91 [REDACTED] 10  
 NAME : [REDACTED]

PAGE: 23  
 REPORT MONTH: MAY04

CLIENT NAME	HSRS ID NBR	EPISODE KEY	PRG KEY	SPC	SUB PRG	TG	LTS TYPE	PROGRAM START DT	PROGRAM END DATE	UNITS	COSTS	SPC PROVIDER
NE [REDACTED] T, [REDACTED]	M268-[REDACTED]-0520	X01 [REDACTED]	1	03	604		58 COP	06/02/03	-----	____.____	____.____	
				04	604		58 COP-W	06/24/03	-----	____.____	____.____	
				05	202	01	58 COP	06/24/03	-----	____.____	____.____	3610010017
PA [REDACTED] ON, [REDACTED] Y	B571-[REDACTED]-6130	P00 [REDACTED]	7	01	604		57 COP-W	12/20/96	-----	____.____	____.____	
				03	104	23	57 COP-W	03/01/97	-----	____.____	____.____	
				06	112	55	57 COP	05/01/97	-----	____.____	____.____	
				07	104	23	57 COP	07/01/97	-----	____.____	____.____	
				09	104	24	57 COP-W	06/01/97	-----	____.____	____.____	
				10	507	03	57 COP	02/01/98	-----	____.____	____.____	
				11	112	99	57 COP-W	03/01/98	-----	____.____	____.____	
				12	095	01	57 COP-W	12/01/02	-----	____.____	____.____	
				13	112	55	57 COP-W	12/01/03	-----	____.____	____.____	

REPORT: L130, A130 alpha sort.  
 TIME PERIOD COVERED: Month previous to month of run.  
 PRIMARY SORTS: L130 - Agency, worker.  
 A130 - Agency, alpha.  
 SECONDARY SORTS: Client name, program key.  
 COMMENTS: Lists all programs of waiver clients which were open sometime during the previous month. Provides spaces so that units and costs may be filled in on these programs for keying.

# APPENDIX A

REPORTING UNIT: [REDACTED] DEPT OF SOC SER PAGE: 1  
 REPORT ID : L-300 2003 HSRS LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE REPORT DATE OF RUN: 04/30/04  
 SEPARATE BY # : 1  
 NAME : COP-W

3++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++3																	
CLIENT NAME	PROG	SPC	SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EPISODE KEY	NUM		PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
BAR [REDACTED] T E			HOSP/INST	DAYS	0												
W00 [REDACTED] 8	5		803			0	0	0	0	0	0	0	0	0	0	0	0
WK # 910 [REDACTED] 34			DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0
MA # 389 [REDACTED] 7			TOTAL BILLED =		\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	102599	EPD END DT =					
DOB=10/12/1944			SLOT NBR = 20200131			SLOT START DT =	991025	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =				
-----																	
BRO [REDACTED] COT			HOSP/INST	DAYS	0												
V00 [REDACTED] 5	9		803			0	0	0	0	0	0	0	0	0	0	0	0
WK # 910 [REDACTED] 07			DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0
MA # 399 [REDACTED] 9			TOTAL BILLED =		\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	070797	EPD END DT =					
DOB=10/24/1964			SLOT NBR = 20200077			SLOT START DT =	970707	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =				
-----																	
BRO [REDACTED] TEV			HOSP/INST	DAYS	0												
M0040666 [REDACTED] 8			803			0	0	0	0	0	0	0	0	0	0	0	0
WK # 910 [REDACTED] 07			DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0
MA # 399 [REDACTED] 1			TOTAL BILLED =		\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	070797	EPD END DT =					
DOB=12/30/1968			SLOT NBR = 20200076			SLOT START DT =	970707	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =				

REPORT: L300, 300M, 300P, A007, 007M, 007P  
 TIME PERIOD COVERED: L300 current calendar year,  
 300M midmonth previous calendar year,  
 300P previous calendar year.  
 A007 current calendar year worker sort,  
 007M midmonth previous calendar year worker sort,  
 007P previous calendar year worker sort  
 PRIMARY SORTS: LTS Code (program type)  
 SECONDARY SORTS: Client name  
 COMMENTS: Lists all waiver and COP clients active during a calendar year. Displays  
 monthly costs, days of service, unit cost and per diem costs.

# APPENDIX A

REPORT ID : L-320 2003 HSRS LONG TERM SUPPORT SERVICE SUMMARY - LESS COP ASSESSMENT/PLAN DATE OF RUN: 04/30/04

SEPARATE BY # : 2

NAME : CIP II

					3++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++ 3												
OCLIENT NAME	PROG	SPC	SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EPISODE KEY	NUM		PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
BJE [REDACTED] DYS	E		HOSP/INST	DAYS	55	0	13	31	10	0	0	0	0	0	0	1	0
N00 [REDACTED] 7	7	604		66.21	920	139	93	0	0	46	93	86	106	53	172	0	132
	8	104	20	15.15	30,197	2,293	1,043	0	2,200	2,782	2,952	3,519	3,255	3,141	2,813	3,000	3,200
	9	402		5.50	1,122	121	55	0	66	116	110	99	116	105	127	94	116
	13	107	30			0	0	0	0	0	0	0	0	0	0	0	0
	15	112	55	15.36	154	0	16	0	0	0	7	0	69	27	6	18	10
	17	112	46		325	50	25	0	50	25	25	25	25	25	25	25	25
WK # 910 [REDACTED] 00			DAYS OF SERVICE			31	15	0	20	31	30	31	31	30	31	29	31
MA # 393 [REDACTED] 30			TOTAL BILLED = \$32,717					DAYS OF SERVICE = 310		PER DIEM = 105.54				EPD START DT = 120798		EPD END DT =	
DOB=05/16/1920													LTSTYPE ST = 090100		LTS TYPE END =		

CIO [REDACTED] IZ			HOSP/INST	DAYS	0												
B0 [REDACTED] 9	7	604		66.21	2,198	139	152	132	33	245	192	93	179	126	159	358	391
	8	104	20	14.57	21,014	1,996	1,737	1,748	1,078	1,887	1,836	1,945	1,821	1,923	1,829	1,661	1,552
	9	402				0	0	0	0	0	0	0	0	0	0	0	0
	11	112	46		270	23	23	23	23	23	23	23	23	23	23	23	23
WK # 910 [REDACTED] 00			DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	31	30	31
MA # 354 [REDACTED] 00			TOTAL BILLED =	\$23,482		DAYS OF SERVICE =	365		PER DIEM =	\$64.33	EPD START DT =	071889		EPD END DT =			
DOB=08/23/1926											LTS TYPE ST =	110198		LTS TYPE END =			

REPORT: L320, 320M, 320P

TIME PERIOD COVERED: L320 current calendar year,  
320M midmonth previous calendar year,  
320P previous calendar year.

PRIMARY SORTS: LTS Code (program type)

SECONDARY SORTS: Client name

COMMENTS: This report is identical to the L300 except it excludes COP assessment and plan costs.

# APPENDIX A

REPORTING UNIT:                       DSS  
 REPORT ID : L-399 2003 HSRS LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE BY SPC  
 SEPARATE BY # : 3  
 NAME : CIP-II

PAGE: 2  
 DATE OF RUN: 04/30/04

		++ COST AND SERVICE DATA BY FUND SOURCE ++															
SPC	SUB	CLIENT	TOTAL	AVE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
	PROG	COUNT	COSTS	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	
095	01	19	-6,513	\$-342	-540	-643	-700	-890	-736	-604	-604	-367	-367	-333	-333	-396	
095	02	1	-362	\$-361	0	-362	0	0	0	0	0	0	0	0	0	0	
102		8	22,759	\$2845	1,767	1,537	1,562	1,541	1,611	2,453	2,101	2,039	2,044	2,314	1,699	2,091	
103	24	1	649	\$649	0	0	0	0	0	0	649	0	0	0	0	0	
104	23	82	270,657	\$3301	24,771	22,041	21,818	22,593	24,165	21,484	20,885	21,878	23,623	24,443	20,768	22,186	
107	30	10	6,923	\$692	574	553	609	527	537	635	679	583	629	690	463	444	
107	40	2	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0	
112	46	56	12,713	\$227	916	891	1,022	1,054	904	1,264	1,027	1,095	1,245	1,080	1,143	1,072	
202	02	27	331,902	12293	31,601	31,055	30,192	31,791	31,344	28,861	26,004	24,823	23,542	23,987	25,728	22,976	
402		50	42,006	\$840	3,713	3,025	3,286	3,548	3,564	3,389	3,339	3,922	3,562	3,702	3,402	3,553	
406		4	435	\$109	50	35	35	35	35	35	35	35	35	35	35	35	
503		115	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0	
506	61	10	130,322	13032	10,274	8,645	8,640	9,862	9,949	9,769	9,997	10,963	13,212	13,200	13,208	12,603	
506	65	34	415,174	12211	28,320	33,084	35,294	33,954	32,134	35,737	34,765	35,059	36,742	36,035	37,087	36,964	
507	04	1	200	\$200	0	0	0	0	0	0	0	0	200	0	0	0	
604		156	193,924	\$1243	18,131	14,755	15,791	14,078	17,590	18,653	16,781	17,221	17,369	16,591	13,766	13,199	
604	04	2	70	\$35	0	70	0	0	0	0	0	0	0	0	0	0	
SUM	COST	COP-W	\$1,515,224		121,528	119,063	120,440	125,487	125,651	133,196	119,645	124,804	129,776	127,757	124,444	143,433	

REPORT: L399, 399M, 399P  
 TIME PERIOD COVERED: Current calendar year,  
 399 midmonth previous calendar year,  
 399P previous calendar year  
 PRIMARY SORTS: LTS Code (program type)  
 SECONDARY SORTS: SPC/Subprogram code  
 COMMENTS: Summarizes LTS module costs by SPC/subprogram code by month.  
 Also includes service days for all active clients.



# APPENDIX A

1.&FORMAT 201 [REDACTED] D SERVICES BOARD 00:32 Friday, December 31, 2004 17  
 TABLE 3 - HSRs COUNTY SLOT REPORT FOR 2004  
 SORTED BY SLOT TYPE  
 REPORT ID: -BDDS- HSRs-A004 (PW0087TJ)

LTS SLOT TYPE	CLIENT NAME	LTS SLOT #	HSRS CLIENT #	MODULE KEY	SLOT CREATION DATE	OCCUPANT START DATE	OCCUPANT END DATE
CHLD AUTISM-DD	HER [REDACTED] AN P	80050045	W8838 [REDACTED] 5060	V [REDACTED] 49	06/03/03	06/03/03	
CHLD AUTISM-DD	HER [REDACTED] ON E	80060037	E1435 [REDACTED] 5060	W0 [REDACTED] 0	11/16/00	11/16/00	
CHLD AUTISM-DD	HOW [REDACTED] UEL J	80050046	T0531 [REDACTED] 5060	G [REDACTED] 74	09/12/02	09/12/02	
CHLD AUTISM-DD	IMM [REDACTED] AN S	80060038	T2246 [REDACTED] 4050	H0 [REDACTED] 1	11/04/99	11/04/99	
CHLD AUTISM-DD	JAC [REDACTED] AN P	80060039	P6315 [REDACTED] 5210	I [REDACTED] 72	04/05/00	04/05/00	
CHLD AUTISM-DD	KAI [REDACTED] NA L	80050047	N4767 [REDACTED] 2260	X0 [REDACTED] 51	03/27/03	03/27/03	
CHLD AUTISM-DD	KAL [REDACTED] N M	80050048	N7664 [REDACTED] 6240	Y [REDACTED] 52	10/24/02	10/24/02	
CHLD AUTISM-DD	KAU [REDACTED] SHU	80050049	T6128 [REDACTED] 1200	I0 [REDACTED] 6	10/11/01	10/11/01	
CHLD AUTISM-DD	KEE [REDACTED] CE E	80060040	M4074 [REDACTED] 6250	H [REDACTED] 5	08/31/97	08/31/97	
CHLD AUTISM-DD	KEL [REDACTED] IN M	80050050	T9011 [REDACTED] 2240	O [REDACTED] 70	06/27/03	06/27/03	
CHLD AUTISM-DD	KEL [REDACTED] N M	80060041	I8125 [REDACTED] 5240	L [REDACTED] 5	09/27/99	09/27/99	

REPORT: County Slot Report  
 SORTS: Three versions of this report are available:  
 A002 - Slot number sort  
 A003 - Client name sort  
 A004 - Slot type sort

# APPENDIX A

COUNTY HSD L016 PRINTS:1 FICHE: 0

COUNTY CODE : 002

REPORT ID : HSRs-L016

L016

2004 HSRs COP EXPENDITURE RPT/STATE RATIO-GPR =  
 FEDERAL RATE

0.4013  
 0.5987

PAGE: 1  
 DATE OF RUN: 05/29/04

CLIENT NAME	HSRS	CLT	ID	EPISODE	KEY	SSN/MA	BIRTH	CLT	C	ASSESS.	PLAN	EPD END	CL	COP	MATCH	ASS.	PLAN	WV
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/--\	/--\	/-----\	/-----\	/-----\	/-----\	/\	/-----\	/-----\	/--\	/--\	--
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
AND																		
AND																		
BER																		
BES																		
BUC																		
BUC																		
CAR																		
ERI																		
FLE																		
GAR																		
GRA																		
INN																		
JAR																		
KUR																		
MAE																		
MAR																		
MAS																		

\* INDICATES A DATE WITHIN THE REPORT PERIOD

\*\* INDICATES BOTH COP AND WAIVER PARTICIPANT

REPORT: L016, 016M, 016P  
 TIME PERIOD COVERED: L016 Current month  
 016M Midmonth  
 016P Previous calendar year

PRIMARY SORTS: County, client name

SECONDARY SORTS: None

COMMENTS: This report provides a detailed listing of COP clients having any activity  
 (assessment, plan, or service) during the year.

## APPENDIX A

.&FORMAT █████ CO HUMAN SERV DEPT L04A 401200 PRINTS:1 FICHE: 0  
 COUNTY CODE : █████  
 REPORT ID : HSR5-L04A (PW0085WM) LTS-COP SIGNIFICANT PROPORTION REPORT

DATE OF RUN: 05/29/04  
 REPORT PERIOD: 01/01/04 - 12/31/04

CLTCHAR	COP	COPW	CIP1B	CSLA	TOTAL	RATIO
*-----*						
3	NOT ADJUSTED					3
*-----*						
.MI.	4	0	0	0	4	5.7%
PHDI	8	10	0	0	18	25.7%
.DD.	2	0	11	0	13	18.6%
OTH.	0	1	0	0	1	1.4%
ELDE	0	34	0	0	34	48.6%
*-----*						
3	ELDERLY ADJUSTED					3
*-----*						
OTH.	0	2	0	0	2	2.9%
.MI.	4	0	0	0	4	5.7%
PHDI	7	7	0	0	14	20.0%
.DD.	1	0	9	0	10	14.3%
ELDE	2	36	2	0	40	57.1%
*-----*						
TOTAL	14	45	11	0	70	100.0%

\*\* TABLE INCLUDES ONLY CASES WITH REPORTED COSTS

\*\*\* END OF REPORT L04A (PW0085WM)

REPORT: L04A, 04AM, 04AP  
 TIME PERIOD COVERED: L04A Current calendar year  
 04AM Midmonth previous calendar year  
 04AP Previous calendar year  
 PRIMARY SORTS: County, First Client Characteristic  
 SECONDARY SORTS: None  
 COMMENTS: This report categorizes clients according to the First Client Characteristic to aid in monitoring the significant proportion constraint.

# APPENDIX A

1  
 AGENCY : ████████00 ████████ CO DSS  
 REPORT ID : HRSR-A006 OPEN, ELIGIBLE LTS APPLICANTS ON 11/30/2004  
 -CLIENT NAME EPISODE# AGE LIVNG ARRNGMNT EPISODE ST PGM ST DT  
 0\*-----\*  
 -CLIENT CHARACTERISTIC1 - PHYS DIS SPC 897  
 \*-----\*  
 P ████████N X ████████9 61 OWN HOME/APT 04/13/04 04/13/04  
 \*-----\*  
 TOTAL PHYS DIS SPC 897 CLIENTS - 1  
 -CLIENT CHARACTERISTIC1 - PHYS DIS SPC 898  
 \*-----\*  
 A ████████S H ████████1 53  
 ████████D G ████████2 50  
 M ████████NE K ████████18 47 OWN HOME/APT 09/01/04 09/01/04  
 ████████A L Z ████████7 44 OWN HOME/APT 12/03/03 12/03/03  
 TO ████████HN U ████████4 44 06/10/02 06/10/02  
 WI ████████A S ████████2 53 04/19/02 04/19/02  
 \*-----\*  
 TOTAL PHYS DIS SPC 898 CLIENTS - 6  
 -CLIENT CHARACTERISTIC1 - PHYS DIS SPC 899  
 \*-----\*  
 A ████████L Z ████████9 64 OWN HOME/APT 08/28/03 08/28/03  
 B ████████OLD R ████████1 52 03/21/02 03/21/02  
 BR ████████A D ████████3 55 04/25/03 04/25/03  
 ████████IN P ████████9 21 10/18/01 10/18/01  
 ████████DY F ████████5 49 06/19/03 06/19/03  
 BU ████████NE J ████████1 56 03/11/03 03/11/03  
 C ████████L T ████████3 47 05/03/02 05/03/02

REPORT: A006 - Register of Open, Eligible Applicants (Wait List)  
 TIME PERIOD COVERED: As of previous end-month  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: First Client Characteristic, Program Code (SPC)  
 COMMENTS: Report lists all open clients with an SPC of 897, 898, or 899. Listed variables include client name, episode code, age, living arrangement, episode start date, and program start date.

# APPENDIX A

COUNTY CODE :   
 REPORT ID : LTS015 2004 LTS - CBRF EXPENDITURE REPORT  
 SEPARATE BY # :  
 NAME :

PAGE: 1  
 DATE OF RUN: 01/27/05

CLIENT NAME	HSRS CLT ID	EPISODE KEY	CIP2 \$	COPW \$	COP \$	CIP1B CP MCH \$	1BCM\$+ CPW\$ + COP	CBRF TYPE	NEW CLIENT CP MA
B Y M	K2	150 L	89	0	13155	2468	0 15623	506:67	
B S D	F9	160 O	76	7015	0	0	0 0	CBRF 5-8 LICENSED BEDS	
B E	S1	160 C	80	0	19591	0	0 19591	CBRF 5-8 LICENSED BEDS	
L D H	U1	450 S	92	0	0	14266	0 14266	506:67	
S E A	K3	250 L	19	0	0	18482	18482	CBRF 5-8 LICENSED BEDS	
S D B	M6	230 W	50	0	5255	0	0 5255	CBRF 5-8 LICENSED BEDS	
S E	N8	250 D	71	6998	0	0	0 0	CBRF 5-8 LICENSED BEDS	
T ACE D	R8	360 R	87	0	19494	2103	0 21598	506:65	

OTOTAL NUMBER OF PARTICIPANTS: 14

COUNTY CODE :   
 REPORT ID : LTS015 2004 HSRS COP EXPENDITURE REPORT  
 SEPARATE BY # :  
 NAME :

PAGE: 2  
 DATE OF RUN: 01/27/05

COUNTY TOTALS

	CIP2 \$	COP-W \$	COP \$	CIP-1B COP MATCH \$	COP-W \$ + COP\$ + CIP1BCPM\$	CIP-1A	CIP-1B
TOTAL CBRF COSTS:	29378	91326	20972	29395	141693	0	123347
0ALL COSTS:	108478	283968	80721	110471	475159	142197	484471
0CBRF COSTS/ALL COSTS:	27.1%	32.2%	26.0%	26.6%	29.8%	0.0%	25.5%
0 * - INDICATES A DATE WITHIN THE REPORT PERIOD.							
0CBRF COSTS/ALL COSTS:	27.1%	32.2%	26.0%	26.6%	29.8%	0.0%	25.5%
0 * - INDICATES A DATE WITHIN THE REPORT PERIOD.							

REPORT: LTS015 (CBRF Report)  
 TIME PERIOD COVERED: As of previous end-month  
 PRIMARY SORTS: Agency  
 SECONDARY SORTS: Episode Key, LTS Type (Srtwav)  
 COMMENTS: Lists annual costs per client episode for each LTS program. The report also indicates the CBRF type. This report is distributed to the county agencies several times a year at the discretion of the BALTC program staff.

## APPENDIX A

### IX. FSP REPORTS

FSP001 FSP ACTIVITY REPORT - Run monthly.

Detailed listing of FSP clients active at any time during the current year.

Sorted by client name.

Information listed:

Name	Family ID
Client Number	Number of Caregivers
SSN	Adopted Child Indicator
Birthdate	Parents Special Needs
Sex	Family Income Range
Race	
Episode Start Date	Payment Method
Episode End Date	Episode Code
Closing Reason	Next Review Date
Client Characteristics	Target Group
Personal Care Code	
Verbal Skills Code	
Emotional / Behavioral Code	
Mobility Code	
Cognitive Abilities Code	
Medical Needs Codes	

For each service the following information is listed:

Program Number	Service Start Date
Subprogram Code	Service End Date
Estimated Annual Cost	Provider
Actual Costs (Monthly or Annual)	

FSP005 FSP SERVICE CLIENTS EXPENDITURE ENTRY LIST - Run annually.

Used to enter annual FSP expenditures, and to enter the two annual questions: Has family considered out of home placement? Is family in a crisis situation?

# APPENDIX A

REPORTING UNIT: [REDACTED]  
 REPORT ID: HSRF-F001 (PW0088BJ)

[REDACTED] CO DCP  
 FSP SERVICE CLIENT EXPENDITURES REPORT  
 REPORTING PERIOD: 01/01/04 - 05/31/04

PAGE: 1  
 RUNDATE: 05/29/04  
 SEQNO: 1

CLIENT NAME				CLIENT #	MA #	BIRTH DATE	S E DATE	START DATE	END DATE	CL A RS L	CLIENT CHAR	P M E O	V C E O M	MED NEEDS	FAMILY ID	C A PAR I	CST PAY		
EPISODE NXT RV TG				CSTS: EST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC YRLY	SRV ST	SRV END	PROV
ACK			ON J	C663		6020	395		40	911006	M W	990105		2309	2 2 3 3 1 7		2 N	4 0	
T00																			
>AC			DON J	W663		06020	395		40	911006	M W	990105		23	2 2 2 2 3		2 N	3 0	
I00				01															
BAK			L	P985		04120	394		50	980309	F W	991201		8528	2 3 2 2 2 279		2 N	3 0	
J00				01															
				01															
				07															
BEA			TA L	R868		02120	482		50	921008	F W	011214		2309	2 2 3 2 3 8		2 N	5 0	
U00				01															
				01															
				02															
COU			LY M	K909		44250	388		90	981109	F W	020801		00	230885 2 3 2 2 2 2790		1 N	1 0	
F00				01															
				01															
				02															
				03															
				04															
FUL				B145		05140	390		80	840201	F W	000817		23	2 3 3 3 3		1 N 4	1 0	
L00				01															

REPORT: F001

# APPENDIX A

REPORTING UNIT:             
 REPORT ID: HSR5-F005

                     UNIFIED SERV BD  
 FSP SERVICE CLIENT EXPENDITURES ENTRY  
 REPORTING PERIOD: 01/01/03 - 12/31/03

PAGE: 0020  
 RUNDATE: 02/29/04

CLIENT NAME /-----\	CLIENT # /-----\	BIRTH DATE /-----\	EPISODE /-----\	PGM NO /---\	SUB PGM /-\	YR COSTS ON HSRS /-----\	COST CODE A/S/R /-----\	YR COSTS TO BE ENTERED /-----\	CONSIDERED OUT/HOME? /---\	CRISIS SITUATN? /---\
				10	J					
				02	K					
				03	L					
				04	M					
SE <span style="background-color: black; color: black;">      </span> , JE <span style="background-color: black; color: black;">      </span> R	P242 <span style="background-color: black; color: black;">      </span>	56260	07/02/1993	J0007752	02	G				
				01	J					
				03	L					
SE <span style="background-color: black; color: black;">      </span> LL, <span style="background-color: black; color: black;">      </span> N Q	R910 <span style="background-color: black; color: black;">      </span>	46230	01/19/1996	L0010614	03	G				
				01	J					
				02	L					
ST <span style="background-color: black; color: black;">      </span> , SH <span style="background-color: black; color: black;">      </span>	Z073 <span style="background-color: black; color: black;">      </span>	25230	10/10/1993	M0011265	01	G				
				02	L					
ST <span style="background-color: black; color: black;">      </span> , S <span style="background-color: black; color: black;">      </span>	B073 <span style="background-color: black; color: black;">      </span>	25231	10/10/1993	L0011264	01	G				
				02	L					
ST <span style="background-color: black; color: black;">      </span> S, <span style="background-color: black; color: black;">      </span> ICA E	X455 <span style="background-color: black; color: black;">      </span>	50230	02/14/1996	Z0011226	01	G				
				02	K					
				03	L					
ST <span style="background-color: black; color: black;">      </span> RL, <span style="background-color: black; color: black;">      </span> L	T586 <span style="background-color: black; color: black;">      </span>	65230	05/25/1984	H0003928	04	B				
				01	D					
				05	E					
				02	F					

REPORT: F005



# APPENDIX A

TOTAL AODA SERVICE ACTIVITY, May, 2004  
 REPORT ID: HSRs-6110 (PW0087KJ)  
 REPORTING UNIT [REDACTED]

	OPEN	YTD-NEW	YTD-CLOSED	OPEN 04/30/04	NEW May	CLOSED May	OPEN 05/28/04
COUNT	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT
PROVIDER							
NAME OR							
CENTER	1	0	0	1	0	0	1
JACOBSEN							
CBRF							
MELODEE JA	1	0	0	1	0	0	1
NORTHWEST							
ASSESSMENT							
CENTER							
EVAL ONLY	1	0	0	1	0	0	1

REPORT: 6110  
 PERIOD COVERED: Prior month (appears in report title) with year to date.  
 PRIMARY SORTS: Agency.  
 SECONDARY SORTS: Provider.  
 COMMENTS: Provides year to date and prior month service activity for each provider providing service to clients of that agency.  
 By column:  
 A. Open - the number of cases open at the time at beginning of the year;  
 B. YTD New - cases open year to date during the year;  
 C. YTD Closed - cases closed year to date;  
 D. Open (date) - cases open at the beginning of the month;  
 E. New (month) - new cases during the month;  
 F. Closed (month) - cases closed during the month;  
 G. Open (date) - cases open at the end of the report period.  
 Column G is the final figure for the month and YTD.  
 To calculate by column:  
 $A + B - C = G$   
 $D + E - F = G$

# APPENDIX A

REPORT: A-031A (NO INTOX. DRIVER)      OPEN AODA SPC'S (STARTDATE PRIOR TO 12/01/03 )      REPORT MONTH:      May,      2004  
 AGENCY: HUMAN SERV BD OF [REDACTED]      NO UNITS REPORTED FOR LAST 6 MONTHS  
    NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

FACILITY:      PAGE:      2

WORKER:

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE

IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
BLE [REDACTED] PH M	R843-[REDACTED]-1140	S3342812	08/26/03	- -	603	08/26/03	01		
BOU [REDACTED] N T	M950-[REDACTED]-3130	W3286968	04/14/03	- -	507 30	04/14/03	01		
					603	04/14/03	02		
					507 10	04/14/03	03		
BOY [REDACTED] SSA M	S119-[REDACTED]-4120	R3361557	11/21/03	- -	507 10	11/21/03	01		
BRA [REDACTED] G	B943-[REDACTED]-5160	A3327272	07/02/03	- -	603	07/02/03	02		
BRE [REDACTED] A	S433-[REDACTED]-6160	A3233516	12/03/02	- -	507 10	12/03/02	01		
					603	12/03/02	02		
					704 10	02/11/03	03		
BRO [REDACTED] L	U012-[REDACTED]-6160	A3208114	10/15/02	- -	507 10	10/15/02	02		
BRO [REDACTED] L R	U573-[REDACTED]-2160	G3191142	06/10/02	- -	507 10	06/10/02	01		
					603	06/10/02	02		
					507 30	06/10/02	03		
CAP [REDACTED] J	V452-[REDACTED]-1210	G3318308	06/19/03	- -	603	06/19/03	01		
					507 10	06/19/03	02		
					507 30	06/19/03	03		
CAR [REDACTED] O M	V557-[REDACTED]-0260	U3208992	10/16/02	- -	603	10/16/02	01		
					507 10	10/16/02	02		
					507 30	10/16/02	03		
CAR [REDACTED] AM L	F254-[REDACTED]-4260	L3318313	06/10/03	37 [REDACTED] 76	603	06/10/03	01		
					507 10	06/10/03	02		

REPORT:      A031A  
 TIME PERIOD COVERED:      Prior month (printed at top right of report).  
 PRIMARY SORTS:      Agency, worker ID.  
 SECONDARY SORTS:      Client name, Client number.  
 COMMENTS:      Provides list of clients to workers where no units have been reported for 6 months. Since reporting of units is required  
 monthly or quarterly      this alerts a worker that either units should be entered or the service should be closed.

# APPENDIX A

REPORT: A-031B (ONLY INTOX. DRIVERS) OPEN AODA SPC'S (STARTDATE PRIOR TO 06/01/03 )  
 AGENCY: [REDACTED] UNIFIED SERV BD

REPORT MONTH: May, 2004

NO UNITS REPORTED FOR LAST 12 MONTHS  
 NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

FACILITY: WORKER: PAGE: 1

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE  
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
AND [REDACTED] N E	H362-[REDACTED]-5050	Q2800606	10/14/99	- -	507 10	11/11/99	02		
BEN [REDACTED] NADETT L	L338-[REDACTED]-6150	T2800609	10/14/99	47 [REDACTED] 167	507 10	10/14/99	02		
BER [REDACTED] M	B381-[REDACTED]-3160	T2810047	12/01/99	- -	507 10	12/15/99	02		
DEX [REDACTED] M	Y407-[REDACTED]-2320	P2795561	10/28/99	38 [REDACTED] 820	507 00	11/22/99	03		
DUR [REDACTED] LIE K	B878-[REDACTED]-2360	D2453883	05/22/97	- -	507 10	11/09/99	06		
DUR [REDACTED] HAE L R	M441-[REDACTED]-2360	Q2743042	06/25/99	46 [REDACTED] 257	507 10	11/09/99	04		
LEE [REDACTED] J	C512-[REDACTED]-5400	X2653089	11/10/98	51 [REDACTED] 660	507 10	12/04/98	02		
MAD [REDACTED] A	Y923-[REDACTED]-6530	D2795549	10/28/99	- -	507 00	11/11/99	03		
MAR [REDACTED] J	S362-[REDACTED]-1560	T2787271	10/15/99	- -	507 10	11/08/99	03		
NIC [REDACTED] ONEWALL J	N363-[REDACTED]-3520	H2813467	12/02/99	39 [REDACTED] 394	507 10	12/08/99	02		
NOR [REDACTED] BERT M	C902-[REDACTED]-1560	H2800649	10/14/99	46 [REDACTED] 390	507 10	11/01/99	02		
PEE [REDACTED]	Z433-[REDACTED]-4130	W2686316	02/18/99	39 [REDACTED] 579	507 10	02/18/99	01		
REI [REDACTED] RT J	S940-[REDACTED]-4620	O2795534	10/28/99	52 [REDACTED] 145	507 00	12/06/99	03		
SHA [REDACTED]	G652-[REDACTED]-5230	J2556745	02/05/98	39 [REDACTED] 041	507 10	04/30/98	02		
STO [REDACTED] AC	M320-[REDACTED]-2230	I2810894	10/29/99	- -	507 10	11/15/99	02		

REPORT: A031B

# APPENDIX A

REPORT: A-031C  
 AGENCY: [REDACTED] CO HSD

OPEN AODA SPC'S (STARTDATE PRIOR TO 03/01/04 )  
 NO UNITS REPORTED FOR LAST 3 MONTHS  
 NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

REPORT MONTH: May, 2004

FACILITY: WORKER: PAGE: 1

ACTION: IF NO LONGER ACTIVE, ENTER UNITS,IF ANY,THEN CLOSE  
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
ABB [REDACTED] LAS J	T750-[REDACTED]-2010	I3362796	02/02/04	39 [REDACTED] 962	507 10	02/02/04	02		
AND [REDACTED] ONY B	K373-[REDACTED]-5050	B3358369	10/29/03	55 [REDACTED] 600	507 10	11/03/03	02		
BAR [REDACTED] N C	P362-[REDACTED]-5160	V3351993	12/17/03	38 [REDACTED] 628	603	02/14/04	08		
					506 20	02/20/04	07		
BEH [REDACTED] D	C840-[REDACTED]-3150	F3210225	08/24/02	52 [REDACTED] 172	603	12/03/02	06		
					507 10	11/25/03	10		
					703 20	12/20/03	13		
BEH [REDACTED]	A845-[REDACTED]-5150	N3207295	01/01/02	44 [REDACTED] 567	507 10	10/03/02	06		
BEL [REDACTED] J	K402-[REDACTED]-3140	P3351987	12/18/03	39 [REDACTED] 765	603	12/18/03	01		
					507 10	12/18/03	03		
					507 30	12/18/03	04		
					507 30	01/07/04	05		
BRO [REDACTED] S S	B704-[REDACTED]-5160	O3362802	02/13/04	39 [REDACTED] 356	507 05	02/19/04	02		
BUN [REDACTED]	E800-[REDACTED]-6150	O3351960	12/22/03	39 [REDACTED] 119	603	12/29/03	03		
BUS [REDACTED] A	F848-[REDACTED]-3120	K3312592	08/12/03	39 [REDACTED] 446	507 10	11/06/03	03		
CL [REDACTED] ARON	K883-[REDACTED]-6240	R3358385	01/06/04	39 [REDACTED] 074	507 10	01/06/04	02		
					507 30	01/06/04	03		
					507 30	01/14/04	05		
CO [REDACTED] M D	O140-[REDACTED]-3240	Y3310786	05/06/03	39 [REDACTED] 723	507 30	10/28/03	05		
					507 10	01/01/04	06		
					507 30	01/08/04	08		
CU [REDACTED] L	B426-[REDACTED]-5260	K3362824	02/08/04	39 [REDACTED] 646	703 10	02/08/04	01		

REPORT: A031C

# APPENDIX A

REPORTING UNIT:  
 REPORT: A-032 (PW0087LJ)  
 SPC PROVIDER: [REDACTED]  
 WORKER NO: 92 [REDACTED] 21  
 CLIENT NAME

[REDACTED] CO DCP  
 HSRS 32-T AODA UNITS REPORT

PAGE: 5  
 REPORT MONTH: May , 2004

CLIENT NAME	CLIENT NUMBER	SPC	SB	TG	SPC	EPISODE	PGM	DA	OTHER	SPC	END	CL	ST	WORKERID	FAM ID
			PG		STRT DATE	KEY	KEY	YS	UNITS	END DATE	REA	A	F	E	
COR [REDACTED] LVIN E	F473-	-4260	507	10	18	03/19/04	K3384534	01	—	—	—	—	—	9200100321	
DRU [REDACTED] K F	F352-	-3360	507	10	18	11/06/03	B3340299	01	—	—	—	—	—	9200100321	
DUM [REDACTED] EN M	I129-	-3350	507	10	18	06/13/03	E3286794	01	—	—	—	—	—	9200100321	
EGE [REDACTED] D	P733-	-6020	507	10	18	01/22/03	G3227646	01	—	—	—	—	—	9200100321	
ENN [REDACTED] A	F092-	-1050	507	10	18	03/01/03	V3258887	01	—	—	—	—	—	9200100321	
FEN [REDACTED] SEPH F	Y914-	-1150	507	10	18	11/04/03	W3334964	01	—	—	—	—	—	9200100321	
FER [REDACTED] L D	O523-	-2160	507	10	18	02/19/04	L3374733	01	—	—	—	—	—	9200100321	
FIS [REDACTED] PH E	N190-	-1120	507	10	18	08/14/03	Q3307320	01	—	—	—	—	—	9200100321	
FOS [REDACTED] L	P881-	-0120	507	10	18	12/09/03	Y3381532	01	—	—	—	—	—	9200100321	
GIL [REDACTED] H C	Y964-	-5240	507	10	18	04/22/04	E3390638	01	—	—	—	—	—	9200100321	
GOL [REDACTED] RSULA	L728-	-6240	507	10	18	09/12/03	F3286795	02	—	—	—	—	—	9200100321	
GRE [REDACTED] , ANDREA M	O285-	-5260	507	10	18	05/14/04	T3396191	01	—	—	—	—	—	9200100321	
GRI [REDACTED] THAN R	I400-	-5260	507	10	18	10/03/03	Z3328415	01	—	—	—	—	—	9200100321	
HIN [REDACTED] J	D282-	-6050	507	10	18	01/20/04	M3352920	01	—	—	—	—	—	9200100321	
HOU [REDACTED] L	X590-	-6020	507	10	18	09/18/03	G3321584	01	—	—	—	—	—	9200100321	
KER [REDACTED] S	H090-	-1260	507	10	18	04/06/04	J3387393	01	—	—	—	—	—	9200100321	
KLE [REDACTED] TH D	Y940-	-5240	507	10	18	11/04/03	B3334969	01	—	—	—	—	—	9200100321	

REPORT: A032  
 TIME PERIOD COVERED: Prior month (printed at top right of report).  
 PRIMARY SORTS: Agency, provider  
 SECONDARY SORTS: Client name, client number, episode key.  
 COMMENTS: Lists all AODA SPCs which were open at any time during the report month. This report is sent to providers and used as a turn around document for reporting units of service. It can be used for reporting SPC end reason, closing statuses, and SPC end date. It can also be used as a data entry document for entering unit and SPC closure information.

# APPENDIX A

AGENCY: [REDACTED] E CO DCP

WITH NO UNITS REPORTED FOR003/04

FACILITY:

PAGE: 4

WORKER:

ACTION: IF SERVICES WERE PROVIDED, PLEASE ENTER UNITS

IF NO SERVICES WERE PROVIDED, DELETE SPC

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
HOW [REDACTED] NNE	K708-[REDACTED]-2040	W3301112	05/13/03	33-[REDACTED]-17	507 10	05/19/03	03	06/04/03	
IVA [REDACTED] W M	Y062-[REDACTED]-3010	X3271473	01/28/03	- -	603	07/31/03	10	07/31/03	
JAM [REDACTED] ICE	Q920-[REDACTED]-6250	D3301327	05/13/03	- -	507 10	06/03/03	03	06/09/03	
JOH [REDACTED] V	Q642-[REDACTED]-4250	K3168552	06/26/02	- -	507 10	09/08/03	08	01/06/04	
JOH [REDACTED] ONY L	H483-[REDACTED]-5250	P3332799	07/24/03	- -	507 10	09/08/03	03	12/31/03	
JOH [REDACTED] ESA A	L859-[REDACTED]-6250	I3034806	10/06/00	39-[REDACTED]-18	706	05/01/03	18	06/10/03	
JON [REDACTED] RIAN L	X733-[REDACTED]-2250	O3301572	04/14/98	- -	507 10	06/16/03	03	07/17/03	
KAM [REDACTED] LY A	R659-[REDACTED]-5250	E3301354	04/18/03	- -	603	05/21/03	02	05/21/03	
KEN [REDACTED] MES R	M360-[REDACTED]-5250	A3301168	05/14/03	39-[REDACTED]-39	507 10	05/20/03	03	06/10/03	
KUL [REDACTED] RA A	L895-[REDACTED]-1240	K3034808	12/27/00	39-[REDACTED]-87	506	04/24/03	19	04/30/03	
LAS [REDACTED] IAH	D471-[REDACTED]-2420	Q3300638	05/15/03	- -	507 10	06/02/03	03	06/10/03	
LAW [REDACTED] RICIA R	T595-[REDACTED]-3250	X3202079	09/11/02	39-[REDACTED]-49	603	05/22/03	08	05/22/03	
LEA [REDACTED] NGELA M	X659-[REDACTED]-5430								

REPORT:

A132

TIME PERIOD COVERED:

Prior month (printed at top right of report).

PRIMARY SORTS:

Agency

SECONDARY SORTS:

Client name, client number, episode key.

COMMENTS:

Lists all AODA SPCs which were open at any time during the report month. This report is similar to the AODA-32T. Where the AODA-32T is normally used as a turnaround document for providers to report units, the AODA-32T(A) is used by agencies who do not use the AODA-32T but still wish to compare their internal system with the HSRs system.

# APPENDIX A

REPORT: A-133  
 AGENCY: ████████ E CO DCP  
 FACILITY:  
 WORKER:

CLOSED AODA SPC'S  
 WITH NO UNITS REPORTED FOR003/04

REPORT MONTH: May 2004

PAGE: 4

ACTION: IF SERVICES WERE PROVIDED, PLEASE ENTER UNITS  
 IF NO SERVICES WERE PROVIDED, DELETE SPC

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
HOW ████████ NNE	K708-██████-2040	W3301112	05/13/03	33-██████-17	507 10	05/19/03	03	06/04/03	
IVA ████████ W M	Y062-██████-3010	X3271473	01/28/03	- -	603	07/31/03	10	07/31/03	
JAM ████████ ICE	Q920-██████-6250	D3301327	05/13/03	- -	507 10	06/03/03	03	06/09/03	
JOH ████████ V	Q642-██████-4250	K3168552	06/26/02	- -	507 10	09/08/03	08	01/06/04	
JOH ████████ ONY L	H483-██████-5250	P3332799	07/24/03	- -	507 10	09/08/03	03	12/31/03	
JOH ████████ ESA A	L859-██████-6250	I3034806	10/06/00	39-██████-18	706	05/01/03	18	06/10/03	
JON ████████ RIAN L	X733-██████-2250	O3301572	04/14/98	- -	507 10	06/16/03	03	07/17/03	
KAM ████████ LY A	R659-██████-5250	E3301354	04/18/03	- -	603	05/21/03	02	05/21/03	
KEN ████████ MES R	M360-██████-5250	A3301168	05/14/03	39-██████-39	507 10	05/20/03	03	06/10/03	
KUL ████████ RA A	L895-██████-1240	K3034808	12/27/00	39-██████-87	506	04/24/03	19	04/30/03	
LAS ████████ IAH	D471-██████-2420	Q3300638	05/15/03	- -	507 10	06/02/03	03	06/10/03	
LAW ████████ RICIA R	T595-██████-3250	X3202079	09/11/02	39-██████-49	603	05/22/03	08	05/22/03	
LEA ████████ NGELA M	X659-██████-5430								

REPORT: A133  
 TIME PERIOD COVERED: Prior month (printed at top right of report).  
 PRIMARY SORTS: Agency, worker ID  
 SECONDARY SORTS: Client name, client number, episode key.  
 COMMENTS: Provides a listing to workers of clients in closed services where no service units have been reported. Workers are directed to either enter units or delete the SPC, if no service was ever provided.

# APPENDIX A

REPORT: A-700

AGENCY: [REDACTED] CO DCP

SPC PROVIDER: [REDACTED]

WORKER NO: 9200100320

HSRS L700A AODA UNITS REPORT

REPORT YEAR: CY 2004  
REPORTED AS OF: 29MAY2004

PAGE: 1

CLIENT NAME	CLIENT NUMBER	EPIS KEY <sup>3</sup>	MONTHLY UNITS												YTD		
SPC/SUB	START DATE/PG#/END DATE	FAM ID	<sup>3</sup> JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	<sup>3</sup>	UNITS	
ADA [REDACTED] PH T	I073-[REDACTED]-1030	R3363429															
603 [REDACTED]	01/20/04 01 01/27/04		2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		2.00	
BEE [REDACTED]	L729-[REDACTED]-5150	F3384529															
603 [REDACTED]	03/31/04 01 03/31/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
BIN [REDACTED] Y C	M200-[REDACTED]-6150	T3379473															
603 [REDACTED]	03/11/04 01 03/11/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
BRA [REDACTED] ISTINE A	A927-[REDACTED]-6160	M3302558															
507 10 [REDACTED]	09/24/03 02 --/--/--		1.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		4.00	
BRA [REDACTED] G, CHARLES	ERNR424-[REDACTED]-6160	U3396322															
603 [REDACTED]	05/19/04 01 05/19/04		0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
CAR [REDACTED] HAE L J	L964-[REDACTED]-2260	Q3390624															
603 [REDACTED]	04/28/04 01 04/28/04		0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
CON [REDACTED] ONALD L	W722-[REDACTED]-5250	Q3334958															
507 10 [REDACTED]	11/04/03 01 --/--/--		1.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		3.00	
DAM [REDACTED] ISTINA	M115-[REDACTED]-6350	M3384536															
603 [REDACTED]	03/31/04 01 03/31/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
DAV [REDACTED] E A	E940-[REDACTED]-5310	V3379475															
603 [REDACTED]	01/12/04 01 01/12/04		1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.00	
DAV [REDACTED] E A	E940-[REDACTED]-5310	W3379476															
507 10 [REDACTED]	03/08/04 01 --/--/--		0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		2.00	

REPORT:

TIME PERIOD COVERED:

PRIMARY SORTS:

SECONDARY SORTS:

COMMENTS:

(year is

A700

All services which were open at any time during a calendar year (printed at top right of report). The list includes units reported up through the end of the prior month.

Agency, provider number

Client name, client number, episode key.

Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed.



# APPENDIX A

REPORT: A-700

HSRS L700A AODA UNITS REPORT

REPORT YEAR: CY 2004  
REPORTED AS OF: 28MAY2004

AGENCY: █████ CO DEPT OF HUMAN SERV  
SPC PROVIDER: GENERIC CCDHS  
WORKER NO: 9400800000

PAGE: 11

CLIENT NAME	CLIENT NUMBER	EPIS KEY <sup>3</sup>	MONTHLY UNITS												YTD		
SPC/SUB	START DATE/PG#	END DATE	FAM ID	<sup>3</sup> JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	<sup>3</sup>	UNITS
ADA █████ N C	0812-█████	-5030	U3188790														0.00
603.00	09/16/02	01 --/--/--															
AND █████ AMES	M690-█████	-5050	D3314639														0.00
603.00	08/22/03	01 03/13/04															
AND █████ IANE L	C015-█████	-5050	A3359642														
603.00	02/10/04	01 04/17/04		0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.50
AUL █████ A	J421-█████	-5040	T3386701														
603.00	04/14/04	01 --/--/--		0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.50
BAL █████ A	G073-█████	-2140	L3291897														
603.00	07/10/03	01 01/09/04															0.00
BAR █████ DAVID A	E462-█████	-1160	T3377237														
603.00	03/03/04	01 --/--/--		0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		2.00
BAR █████ VID J	G601-█████	-1160	T3371751														
603.00	02/18/04	01 --/--/--		0.00	1.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.60
BAR █████ NDREA G	N268-█████	-5160	I3326032														
603.00	10/14/03	01 --/--/--															0.00
BAR █████ JOSEPH J	J820-█████	-1160	R3284805														
603.00	03/23/04	01 --/--/--		0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		1.50
BAR █████ NIEL W	W292-█████	-5160	N3291899														
603.00	04/24/03	01 --/--/--														0.00	

REPORT:

A700(A)

TIME PERIOD COVERED:

All services which were open at any time during a calendar year (printed at top right of report). The list includes units reported up through the end of the prior month.

PRIMARY SORTS:

Agency

SECONDARY SORTS:

Client name, client number, episode key.

COMMENTS:

Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year (year is printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed. This report differs from the AODA700 in that it is not sorted by provider number.

# APPENDIX A

REPORTING UNIT: [REDACTED] CO DEPT OF HUMAN SER  
 PAGE: 49  
 REPORT ID : HSRs-9321 (PW0085AJ) HSRs 32-T MH UNITS REPORT  
 LAST DAY OF REPORT MONTH: 05/31/2004

CLIENT NAME		CLIENT NUMBER		SPC	SUB	REQUIRED UNITS ONLY		EPISODE
PGM	DAYS OTHER	SPC	END WORKERID			SPC	SPC	
KEY	UNITS	END DATE	REA	PGM	STRT DATE	PROVIDER	KEY	
MIL	[REDACTED] D H	Y402-	[REDACTED]-6540	507	10	10/06/1986	9402800247	P0010508
01	___	___	00 9402800261					
			604			07/02/1987	9402800247	P0010508
02	___	___	00 9402800261					
			108			07/01/1995	753900000	P0010508
03	___	___	00 9402800261					
			507 20			03/01/1997	9402800247	P0010508
05	___	___	9402800261					
			509			12/30/1997	9402800247	P0010508
06	___	___	9402800261					
MOH	[REDACTED] M	S029-	[REDACTED]-5560	507	20	11/15/2003	9402800245	A0267139
01	___	___	9402800245					
			604			11/15/2003	9402800245	A0267139
02	___	___	9402800245					
			507			11/15/2003	9402800245	A0267139
03	___	___	9402800245					
MOO	[REDACTED] M U	L741-	[REDACTED]-4560	604		06/01/1997	9402800019	R0004946
02	___	___	9402800019					
MOR	[REDACTED] ARD P	Z464-	[REDACTED]-2560	507		02/24/1993	9402800115	C0022455
01	___	___	00 9402800258					
			604			02/24/1993	9402800115	C0022455
02	___	___	00 9402800258					
			507 10			03/01/1997	9402800115	C0022455
05	___	___	9402800258					
			507 20			06/30/1998	9402800115	C0022455
08	___	___	9402800258					
			509			05/20/2002	9402800185	C0022455
10	___	___	9402800258					
MOR	[REDACTED] A	F478-	[REDACTED]-6560	507	20	10/10/2002	9402800247	G0215093
02	___	___	9402800247					
			507			10/10/2002	9402800247	G0215093
03	___	___	9402800247					
			604			11/01/2002	9402800247	G0215093
04	___	___	9402800247					

REPORT: 9325, 9322, 9326, 9323, 9324, 9321  
 TIME PERIOD COVERED: Current  
 PRIMARY SORTS: Reporting Agency, provider, worker ID.  
 SECONDARY SORTS: Client name  
 COMMENTS: This report lists all clients/consumers for which there were open MH SPCs at any time during the report month. This report is sent to reporting agencies to be used as a turnaround document for reporting units of service, a data entry document for entering unit and SPC closure information. It can also be used to compare in-house reporting systems with HSRs. This report is printed and distributed quarterly but is available monthly if needed.

## APPENDIX A

### MENTAL HEALTH - 32T

Six versions of this report are available:

- 9325 Provider sorted, lists all programs currently open or closed in the previous month.
- 9322 Provider sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**
- 9326 Worker sorted, lists all programs currently open or closed in the previous month.
- 9323 Worker sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**
- 9324 Client name sorted, lists all programs currently open or closed in the previous month.
- 9321 Client name sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**

# APPENDIX A

REPORTING UNIT: [REDACTED] HUMAN SERV BD OF [REDACTED] PAGE: 5  
 REPORT ID : HSRS-9311 (PW0085GJ) MH-031: OPEN SPCS (STARTDATE PRIOR TO 12/01/2003) LAST DAY OF RPT MONTH: 05/31/2004

NO UNITS REPORTED FOR LAST 6 MONTHS AND  
 NO OTHER SPCS ACTIVE DURING THE SAME PERIOD

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE  
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	FAMILY ID
AIU [REDACTED] H A	A420-[REDACTED]-1010	M0067341	03/18/98	503 10	03/18/98	01	
		M0067341	03/18/98	507 10	03/18/98	02	
AKA [REDACTED] BER A	Z805-[REDACTED]-5020	W0239939	03/20/03	603	03/20/03	01	
AKE [REDACTED] M	A267-[REDACTED]-5020	L0232336	10/11/02	503 10	10/11/02	01	
		L0232336	10/11/02	507 10	10/11/02	02	
AKK [REDACTED] ON L	E650-[REDACTED]-5020	P0113182	05/18/99	501	05/18/99	01	
		P0113182	05/18/99	503	05/18/99	02	
		P0113182	05/18/99	503 10	05/18/99	03	
ALB [REDACTED] J	C450-[REDACTED]-6040	X0239940	01/09/96	507	01/09/96	01	
		X0239940	01/09/96	603	01/09/96	02	
		X0239940	01/09/96	503 10	01/03/03	03	
ALB [REDACTED] EMY L	N544-[REDACTED]-6040	X0056380	08/31/97	501	08/31/97	01	
ALB [REDACTED] E E	S467-[REDACTED]-5040	S0252467	04/04/03	603	04/04/03	01	
ALB [REDACTED] AN J	V688-[REDACTED]-5040	G0116111	09/30/99	205	09/30/99	01	
		G0116111	09/30/99	501	09/30/99	02	
ALB [REDACTED] Y A	A612-[REDACTED]-6040	S0193525	10/04/01	507 10	10/04/01	01	

REPORT: MH031: 9311, 9312, 9313  
 TIME PERIOD COVERED: Prior month (printed at top right corner of report).  
 PRIMARY SORTS: See versions below.  
 SECONDARY SORTS: See versions below.  
 COMMENTS: This report provides a list of clients/consumers for whom open SPCs (no end date) have not had units of service reported during the previous six (6) months. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:  
 9311 - sorted by client name  
 9312 - sorted by provider number, then client name  
 9313 - sorted by worker number, then client name

# APPENDIX A

REPORTING UNIT: [REDACTED] COUNTY HSD  
 REPORT ID : HSRS-9413 (PW0085LJ) MH-041: OPEN MH EPISODES  
 WITH NO SERVICE LAST 90 DAYS.

PAGE: 5  
 LAST DAY OF RPT MONTH: 05/31/2004

WORKER: [REDACTED]  
 WORKER NO: 940 [REDACTED] 59  
 ACTION: IF RECEIVING SERVICE, PLEASE ENTER SPC DATA  
 IF NO SERVICES WERE EVER PROVIDED, DELETE EPISODE

CLIENT NAME	CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	END DATE	FAMILY ID
ALF [REDACTED] EW A	Y254-217-016-5040	Q0273421	02/22/2004	503	02/22/2004	01	02/23/2004	
DEK [REDACTED] TTY	J538-607-160-3320	R0273422	02/14/2004	503	02/14/2004	01	02/18/2004	
DUD [REDACTED]	M603-308-000-1320	D0273434	02/19/2004	503	02/19/2004	01	02/19/2004	
JOH [REDACTED] HOLAS M	N541-048-525-2250	C0273329	02/05/2004	503	02/05/2004	01	02/05/2004	
SCH [REDACTED] Y K	B895-786-200-4230	I0273439	02/14/2004	503	02/14/2004	01	02/17/2004	
STV [REDACTED] ANIELLE	N715-407-315-5230	M0273313	02/10/2004	503	02/10/2004	01	02/10/2004	
VAN [REDACTED] OEL	D601-906-234-4150	E0273409	02/12/2004	503	02/12/2004	01	02/13/2004	
VAS [REDACTED] ID	S942-106-300-1120	K0273441	02/09/2004	503	02/09/2004	01	02/13/2004	
VER [REDACTED] SHUA C	X664-987-250-0160	P0273420	02/12/2004	503	02/17/2004	01	02/23/2004	

REPORT: MH041: 9411, 9412, 9413  
 TIME PERIOD COVERED: Previous month (printed at the top right corner of report).  
 PRIMARY SORTS: See versions below.  
 SECONDARY SORTS: See versions below.  
 COMMENTS: This report provides a list of clients/consumers who have open episodes and for whom there has been no reported activity for 90 days. If all SPCs are closed and no action is taken, the HSRS system will close the episode. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:  
 9411 - sorted by client name  
 9412 - sorted by provider number, then client name  
 9413 - sorted by worker number, then client name

REPORTING UNIT: [REDACTED]  
REPORT ID : HSR-9701 (PW0085MJ)

[REDACTED] CO UNIFIED BOARD  
REPORT: MH-700  
MH UNITS REPORT

PAGE: 11  
REPORTED AS OF: 05/31/2004

CLIENT NAME	CLIENT NUMBER	EPI KEY <sup>3</sup>	MONTHLY UNITS	YTD UNITS
SPC/SB/TP	START DATE/PG#/END DATE	FAM ID	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC <sup>3</sup>	
KAS [REDACTED] J	P167-[REDACTED]	-5200 H0247516		
603	03/26/03 01 --/--/----		.	0.00
507 20	04/09/03 02 --/--/----		.	0.00
KIE [REDACTED] IRANDA L	Q459-[REDACTED]	-6210 J0247518		
603	03/04/03 01 --/--/----		.	0.00
507 40 02	03/11/03 02 --/--/----		0.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.50
507 20	03/25/03 03 --/--/----		.	0.00
507	11/18/03 04 --/--/----		.	0.00
KIN [REDACTED] AS	F352-[REDACTED]	-5250 K0017965		
509 02	03/21/95 03 --/--/----		9.27 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	9.27
706	01/01/01 09 --/--/----		.	0.00
507	06/26/01 10 --/--/----		.	0.00
604 02	01/23/03 12 --/--/----		3.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	3.00

REPORT: MH700: 9701, 9702, 9703, 9704, 9705, 9706  
TIME PERIOD COVERED: All services that were open at any time during a calendar year (printed at top right of report).  
PRIMARY SORTS: See versions below.  
SECONDARY SORTS: See versions below.  
COMMENTS: This report provides a history of units of service reported by month for all services provided during the calendar year. Year is printed at the top right corner of the report. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:  
Current calendar year  
9701 - sorted by client name  
9702 - sorted by provider number, then client name  
9703 - sorted by worker number, then client name  
  
Previous calendar year  
9704 - annual by client name  
9705 - annual by provider number, then client name  
9706 - annual by worker number, then client name

# APPENDIX A

REPORTING UNIT: [REDACTED]  
 REPORT ID : HSRS-98N1 (PW0084AJ)

[REDACTED] CO DEPT OF HUMAN SERV  
 MH CONSUMER STATUS INFORMATION WORKSHEET  
 NEW EPISODES - CONSUMER SORT

PAGE: 1  
 RUNDATE: 29MAY04  
 REPORT MM/YY: 05/2004

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RES RISK ARR	DAILY ACTIV EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
JOH	[REDACTED]	SEY A	CLIENT ID:	G56 [REDACTED] 55250	EPISODE:	S027 [REDACTED] 3	START DATE:	05/26/04	END DATE:	.
PHA	[REDACTED]		CLIENT ID:	F05 [REDACTED] 00100	EPISODE:	C027 [REDACTED] 3	START DATE:	05/11/04	END DATE:	.
SHY	[REDACTED]	STEVEN L	CLIENT ID:	C7317262203250	EPISODE:	T027 [REDACTED] 8	START DATE:	05/19/04	END DATE:	.
VIR	[REDACTED]	A	CLIENT ID:	J4282070256160	EPISODE:	D027 [REDACTED] 4	START DATE:	05/04/04	END DATE:	.

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 \*\*\*\*\*THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES \*

REPORT: New Episodes Missing CSDS Data (98N#)  
 TIME PERIOD COVERED: Past Month  
 PRIMARY SORTS: Reporting Agency, Provider, Worker ID  
 SECONDARY SORTS: Client/Consumer Name  
 COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L in the previous month and did not have CSDS data reported. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:  
 98N1 - sorted by client/consumer name  
 98N2 - sorted by provider number, then client/consumer name  
 98N3 - sorted by worker number, then client/consumer name

# APPENDIX A

REPORTING UNIT: [REDACTED]  
 REPORT ID : HRSR-98U1 (PW0084DJ)

HUMAN SERV BD OF [REDACTED]  
 MH CONSUMER STATUS INFORMATION WORKSHEET  
 6 MO UPDATE - CONSUMER SORT

PAGE: 27  
 RUNDATE: 29MAY04  
 REPORT MM/YY: 05/2004

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RES RISK ARR	DAILY ACTIV EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
MIL	[REDACTED]	NI C	CLIENT ID:	K9082 [REDACTED] 1540	EPISODE:	X0 [REDACTED] 10	START DATE:	11/25/98	END DATE:	.
MIN	[REDACTED]	IA C	CLIENT ID:	F2696 [REDACTED] 4560	EPISODE:	F0 [REDACTED] 72	START DATE:	11/09/00	END DATE:	.
MIR	[REDACTED]	TTE E	CLIENT ID:	S3953 [REDACTED] 6560	EPISODE:	N0 [REDACTED] 88	START DATE:	11/27/01	END DATE:	.
MOO	[REDACTED]	Y M	CLIENT ID:	B3202 [REDACTED] 6560	EPISODE:	O0 [REDACTED] 91	START DATE:	11/10/97	END DATE:	.
MOS	[REDACTED]	Y P	CLIENT ID:	P6520 [REDACTED] 6520	EPISODE:	M0 [REDACTED] 79	START DATE:	11/07/86	END DATE:	.
MUR	[REDACTED]	M	CLIENT ID:	G1418 [REDACTED] 5560	EPISODE:	H0 [REDACTED] 18	START DATE:	11/19/02	END DATE:	.
NEH	[REDACTED]	DA	CLIENT ID:	T3486 [REDACTED] 5560	EPISODE:	Q0 [REDACTED] 31	START DATE:	11/18/91	END DATE:	.
NEZ	[REDACTED]	F	CLIENT ID:	T7601 [REDACTED] 1520	EPISODE:	H0 [REDACTED] 20	START DATE:	11/30/92	END DATE:	.

REPORT: Opens Episodes Needing 6 Month CSDS Data Update (98U#)  
 TIME PERIOD COVERED: Past Month  
 PRIMARY SORTS: Reporting Agency, Provider, Worker ID  
 SECONDARY SORTS: Client/Consumer Name  
 COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and now require a 6 month update of CSDS data. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Versions of this report available:

- 98U1 - sorted by client/consumer name
- 98U2 - sorted by provider number, then client/consumer name
- 98U3 - sorted by worker number, then client/consumer name
- 98B2 - BRC Target Population sorted by provider number



# APPENDIX A

REPORTING UNIT: [REDACTED]  
 REPORT ID : HSR5-98C1 (PW0084GJ)

[REDACTED] COUNTY HSD  
 MH CLOSING CONSUMER INFORMATION WORKSHEET  
 SORTED BY CONSUMER NAME

PAGE: 1  
 RUNDATF: 29MAY04  
 REPORT MM/YY: 05/2004

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RES RISK	RES ARR	DAILY ACTIV	EMP EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
CHA	[REDACTED]	RICE L	CLIENT ID:	B4077 [REDACTED] 250	EPISODE:	P0 [REDACTED] 756	START DATE:	06/21/02	END DATE:	05/14/04		
KRU	[REDACTED]	A	CLIENT ID:	T3082 [REDACTED] 260	EPISODE:	L0 [REDACTED] 132	START DATE:	05/18/01	END DATE:	05/13/04		
MAR	[REDACTED]	VID A	CLIENT ID:	L2830 [REDACTED] 560	EPISODE:	I0 [REDACTED] 385	START DATE:	06/14/02	END DATE:	05/14/04		

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 \*\*\*\*\*THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES \*  
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REPORT: Closed Episodes Missing CSDS Data (98C#)  
 TIME PERIOD COVERED: Past Month  
 PRIMARY SORTS: Reporting Agency, Provider, Worker ID  
 SECONDARY SORTS: Client/Consumer Name  
 COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and whose mental health episode has now closed. CSDS data is required at episode closing if at least 90 days have passed since the last update. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:  
 98C1 - sorted by client/consumer name  
 98C2 - sorted by provider number, then client/consumer name  
 98C3 - sorted by worker number, then client/consumer name

# APPENDIX A

1

STATEWIDE ALPHABETIC FOSTER HOMES ONLY PROVIDER NUMBER  
 DIRECTORY AS OF July 1, 2004

PAGE 1

PROVIDER NAME 1	PROVIDER NAME 2	NUMBER	ACTIVE	COUNTY			
ADDRESS	CITY	ZIP	TYPE	AGENCY LICENSE NAME	BDOP IND	REQUESTING AGENCY	
ADAIR FOSTER HOME 3879 N 55TH ST	CORINE & CONEY ADAIR MILWAUKEE, WI	53216	2204003251 COUNTY	YES MILWAUKEE CO DSS		PURCHASED MILWAUKEE CO DSS	-
ADDISON FOSTER HOME 2739 N 34TH STREET	BESSIE ADDISON MILWAUKEE, WI	53210	2204003358 COUNTY	YES MILWAUKEE CO DSS		PURCHASED MILWAUKEE CO DSS	-
ADOPTIVE FOSTER HOMES - MILW 235 W GALENA STREET	MILWAUKEE CO DSS MILWAUKEE, WI	53212	2204000001 COUNTY	YES MILWAUKEE CO DSS		PURCHASED MILWAUKEE CO DSS	-
ALEXANDER FOSTER HOME 2519 N 27TH ST	CHARLOTTE ALEXANDER MILWAUKEE, WI	53210	2204002607 COUNTY	YES MILWAUKEE MCDSS		PURCHASED MILWAUKEE CO DSS	-
ALLEN FOSTER HOME 6948 W HERBERT AVENUE	DEBORAH OR JOE ALLEN MILWAUKEE, WI	53218	2204002308 COUNTY	YES MILWAUKEE MCDSS		PURCHASED MILWAUKEE CO DSS	-
2144 N 49TH ST	SANDRA ALLEN MILWAUKEE, WI	53208	2204002958 COUNTY	NO MILWAUKEE MCDSS		PURCHASED MILWAUKEE CO DSS	-
AMES FOSTER HOME 715 W GALENA APT #439	DENISE AMES MILWAUKEE, WI	53205	2204003315 COUNTY	YES MILWAUKEE MCDSS		PURCHASED MILWAUKEE CO DSS	-
AMOS FOSTER HOME 2733 W CLARKE ST	GRACY OR R C AMOS MILWAUKEE, WI	53210	2204002172 COUNTY	YES MILWAUKEE MCDSS		PURCHASED MILWAUKEE CO DSS	-
ANDERSON FOSTER HOME 6410 W LOCUST STREET	LUPATRIE ANDERSON MILWAUKEE, WI	53210	2204003390 COUNTY	YES MILWAUKEE CO DSS		PURCHASED MILWAUKEE CO DSS	-
ANTHONY FOSTER HOME 4123 W MEINECKE-PO BOX 100574	WYVERNA ANTHONY MILWAUKEE, WI	53210	2204003279 COUNTY	YES MILWAUKEE CO DSS		PURCHASED MILWAUKEE CO DSS	-

REPORT: PROVIDER NUMBER  
 SORTS: Available versions of this report:  
 Provider by name  
 Provider by ID  
 Provider name by type within county  
 Provider number by type within county

# COUNTY OF RESIDENCE CODES

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

## APPENDIX C

### AGENCY ID CODES

<u>Code</u>	<u>Agency</u>	<u>Code</u>	<u>Agency</u>
1010	Clark Co. DSS	4001	Adams Co. HSD
1013	Dane Co. DSS	4002	Ashland Co. HSD
1015	Door Co. DSS	4003	Barron Co. HSD
1020	Fond du Lac Co. DSS	4004	Bayfield Co. HSD
1021	Forest Co. DSS	4005	Brown Co. HSD
1022	Grant Co. DSS	4006	Buffalo Co. HSD
1025	Iowa Co. DSS	4007	Burnett Co. HSD
1030	Kenosha Co. DSS	4008	Calumet Co. HSD
1031	Kewaunee Co. DSS	4009	Chippewa Co. HSD
1034	Langlade Co. DSS	4011	Columbia Co. HSD
1035	Lincoln Co. DSS	4012	Crawford Co. HSD
1037	Marathon Co. DSS	4013	Dane Co. HSD
1040	Milwaukee Co. DSS	4014	Dodge Co. HSD
1043	Oneida Co. DSS	4016	Douglas Co. HSD
1045	Ozaukee Co. DSS	4017	Dunn Co. HSD
1057	Sawyer Co. DSS	4018	Eau Claire Co. HSD
1058	Shawano Co. DSS	4019	Florence Co. HSD
1061	Trempealeau Co. DSS	4023	Green Co. HSD
1063	Vilas Co. DSS	4024	Green Lake Co. HSD
1066	Washington Co. DSS	4026	Iron Co. HSD
1071	Wood Co. DSS	4027	Jackson Co. HSD
2010	Clark Co. DCP	4028	Jefferson Co. HSD
2013	Dane Co. Un. Bd.	4029	Juneau Co. HSD
2015	Door Co. DCP	4032	La Crosse Co. HSD
2020	Fond du Lac Co. DCP	4033	Lafayette Co. HSD
2021	Forest/Oneida/Vilas Human Services Center	4036	Manitowoc Co. HSD
2022	Grant and Iowa Co. Unified Board	4038	Marinette Co. HSD
2030	Kenosha Co. DCP	4039	Marquette Co. HSD
2031	Kewaunee Co. DCP	4041	Monroe Co. HSD
2034	Langlade/Lincoln/ Marathon North Central Comm. Servs.	4042	Oconto Co. HSD
2045	Ozaukee Co. DCP	4044	Outagamie Co. HSD
2057	Sawyer Co. DCP	4046	Pepin Co. HSD
2058	Shawano Co. DCP	4047	Pierce Co. HSD
2061	Trempealeau Co. DCP	4048	Polk Co. HSD
2066	Washington Co. Comp. Com. Sr.	4049	Portage Co. HSD
2071	Wood Co. Unified Services	4050	Price Co. HSD
3035	Lincoln Co. DD Bd.	4051	Racine Co. HSD
3053	Rock Co. DD Bd.	4052	Richland Co. HSD
		4053	Rock Co. HSD
		4054	Rusk Co. HSD
		4055	St. Croix Co. HSD
		4056	Sauk Co. HSD

## APPENDIX C

### AGENCY ID CODES - continued

<u>Code</u>	<u>Agency</u>
4059	Sheboygan Co. HSD
4060	Taylor Co. HSD
4062	Vernon Co. HSD
4064	Walworth Co. HSD
4065	Washburn Co. HSD
4067	Waukesha Co. HSD
4068	Waupaca Co. HSD
4069	Waushara Co. HSD
4070	Winnebago Co. HSD
4072	Menominee Co. HSD
5092	Oneida Tribe
5093	Ho-Chunk Nation DSS
6040	Milwaukee Co. Dept. on Aging
6516	Douglas Co. Health Dept.
6526	Iron Co. Public Health
6547	Pierce Co. Dept. of Community Health
6548	Polk Co. Health Department
6550	Price County Health Department
8001	Bureau of Developmental Disability Services
8040	Bureau of Milwaukee Child Welfare
8080	Milwaukee Region
8081	Southeastern Region - Waukesha
8082	Southern Region - Madison
8083	Fond du Lac District
8084	Northeastern Region - Green Bay
8086	Western Region - Eau Claire
8087	Wisconsin Rapids District
8088	Northern Region - Rhinelander
8302	Management Information Systems

## APPENDIX D

### STANDARD PROGRAM CATEGORIES

#### 101 Child Day Care - Crisis/Respite

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

#### 102 Adult Day Care

The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to: personal care and supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults which are classified within the Daily Living Skills Training Program.

#### 103 Respite Care

The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care which is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider or in those freestanding facilities which primarily serve as respite care centers. Excludes certified child care for the purpose of respite which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a client's case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training which is not directly related to relief for the primary caregiver.

## APPENDIX D

### 104 Supportive Home Care

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purpose of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

### 106 Housing/Energy Assistance

The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

### 107 Specialized Transportation and Escort

The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

## APPENDIX D

### 108 Work Related Services

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision. Management functions which may be performed include, but are not limited to: resource recruitment and development and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

### 110 Daily Living Skills Training

The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services which teach parenting skills to parents of children with special parenting needs. Includes the teaching of child rearing skills, training on the preparation and management of a household budget, maintenance and care of the home and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for clients of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care which should be classified under the Supportive Home Care Program.



## APPENDIX D

### 111 Family Support

The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction. Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy. Includes services and items purchased by caretakers with the approval of the county agency as long as the decision to purchase the service or item is initiated by the client and is consistent with and part of the Family Support Plan even if the services or items would otherwise be classified under other SPCs such as Child Day Care. Excludes the activities of a case manager/service coordinator which should be classified under SPC 604 Case Management/Service Coordination.

### 112 Interpreter Services and Adaptive Equipment

The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to clients or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing or any other item which is needed by clients for more independent and effective community living. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff who possess bilingual or signing skills functioning in other programs (e.g., psychotherapy by a Spanish speaking therapist in a mental health clinic should be classified as Counseling/Therapeutic Resources).

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### 113 Consumer Education and Training

Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.

### 201 Adoptions

The provision of services to clients involving the screening of adoptive applicants (i.e., families who have applied to adopt a child) for purposes of obtaining permanent substitute legal parents for children legally free for adoption. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes the costs of adoption subsidies as well as stepparent, relative, independent, interstate and foreign adoptions activities. Includes certain pre-adoption activities, such as termination of parental rights, when the purpose is adoption and no other program such as Foster Home or Case Management/Service Coordination is appropriate.

### 202 Adult Family Home

The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

### 203 Foster Home

The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Services to clients provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

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### 204 Group Home

The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to clients may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs which are classified as part of the Community Based Care/Treatment Facility Program.

### 205 Shelter Care

The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings which serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

### 301 Court Intake and Studies

The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis; and case planning, monitoring, and review. Includes custody studies, mediation and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Chapters 48, 51, 55 Wisconsin Statutes.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.

### 303 Juvenile Probation and Supervision Services

The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal "supervision", for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff) which should be classified as Restitution. Excludes supervision of children receiving aftercare following release from a correctional institution which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.

## APPENDIX D

### 304 Juvenile Reintegration and Aftercare Services

The provision of services to residents of juvenile correctional facilities and persons on mandatory release or otherwise released from a juvenile correctional facility for purposes of strengthening family ties, aiding transition from institution to community, and ensuring that any conditions of release are met. Services may include, but are not limited to: case planning, monitoring, review, and referral. Excludes the provision of an alternative living setting which should be classified under an appropriate alternate living standard program category. Also excludes the provision of intensive home and community treatment services when such services are provided by persons other than those responsible for aftercare supervision (e.g., a treatment team) which should be classified under Counseling/Therapeutic Resources.

### 305 Restitution

The provision of services to clients under court order or supervision for purposes of enabling those persons to make restitution or other court ordered payments pertaining to attorney's fees, court costs, community work obligations and victim compensation. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring, and review; referral; and education/training. Includes all services performed by staff specializing in restitution activities. Excludes such services when performed as an integral part of juvenile supervision which should be classified as part of the Juvenile Probation and Supervision Services Program.

### 306 Juvenile Correctional Institution Services

The provision of services within a secure county juvenile detention facility or within a state juvenile correctional institution to children who are adjudicated delinquents. Services are intended to ensure public safety and must include supervision and dietary considerations. Material benefits include food and housing.

### 401 Congregate Meals

The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Services may include, but are not limited to: education/training. Provision of food is an essential part of this program. Includes the provision of nutrition education when an integral but subordinate part of this program.

### 402 Home Delivered Meals

The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Services may include, but are not limited to: transportation. Provision of food is an essential part of this program.

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### 403 Recreation/Alternative Activities

The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities which enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

### 404 Family Planning

The provision of services to enable persons to voluntarily determine their family size and composition. Services may include, but are not limited to: education/training, referral assessment/diagnosis, physical health and laboratory services, and the provision of drugs and items. May include genetic "counseling" to persons with genetically linked disorders and others at risk of giving birth to a child with such disorders. Includes educating parents as to their options on keeping an unborn child or terminating parental rights for the purpose of adoption. Excludes activities related to family planning which are an integral, but subordinate part of other programs (e.g., a referral for family planning which is part of an agency's Information and Referral Program).

### 406 Protective Payment/Guardianship

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Services which are to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to: case planning, monitoring, and review; and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees and guardians. Excludes services designed primarily to teach money management skills which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption which are part of the Adoptions Program.

## APPENDIX D

### 408 Community Prevention, Organization and Awareness

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services, which are typically provided to groups at risk, or the community at-large, include but are not limited to: public information, and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials which focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services which are delivered to an agency client which may be part of this client's service or treatment plan. Excludes public information and other services whose main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards and funding sources which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregate meals) or family planning, even if risk reduction is achieved for some individuals.

### 501 Crisis Intervention

The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions which are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24 hour hot lines, crisis response teams and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific client groups. Excludes services delivered under emergency conditions which are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

## APPENDIX D

### 503 Inpatient

The provision of treatment services in 24 hour units of an inpatient facility or AODA residential inpatient program in a CBRF to clients for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to, assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations which require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.

### 504 Residential Care Center

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to clients may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

### 505 DD Center/Nursing Home

The provision of services to clients in licensed nursing homes, including Wisconsin's three Centers for the Developmentally Disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug or medical problems which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD Center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

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### 506 Community Based Care/Treatment Facility

The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under that Standard Program Category. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs which should be classified under the Inpatient Program. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 82.

### 507 Counseling/Therapeutic Resources

The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.



## 509 Community Support

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client. Services which must be available although not necessarily provided to each client are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services, assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

## 510 Comprehensive Community Services (Psychosocial Rehabilitation Services):

Comprehensive Community Services (CCS) are certified per the requirements of HFS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under HFS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders and the restoration of a consumer to the highest possible level of functioning and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid.

Services that must be available for consumers are: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual consumer,
- involve direct service,
- address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms,
- be consistent with the individual consumer's diagnosis and symptoms,
- safely and effectively match the individual's need for support and motivational level,
- be provided in the least restrictive, most natural setting to be effective for the consumer,
- not be solely for the convenience of the individual consumer, family, or provider,

## APPENDIX D

### 510 Comprehensive Community Services (Psychosocial Rehabilitation Services): (cont.)

- be of proven value and usefulness, and
- be the most economic options consistent with the consumer's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in HFS 36.14 (2). Consumers enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Program (CSP). For CCS recipients, all of the following services must be recorded using the 510 CCS HSRS code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance abuse treatment and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510 CCS code as opposed to other existing service codes. Consumers may receive other services outside of their CCS plan, but these services should continue to be reported to be in HSRS separate from CCS.

### 601 Outreach

The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Management functions include: resource recruitment and development. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes Employee Assistance and Student Assistance Program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency clients from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.

### 602 Information and Referral

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of an intake process (e.g., Intake Assessment Program) or when part of other programs.

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### 603 Intake Assessment

The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Client assessments include Community Options Program assessments, Intoxicated Driver Program assessments, and Child Abuse and Neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per HSS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general client intake process. Also includes intake activities which occur prior to the establishment of client status. Includes the activities of centralized intake units. Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

### 604 Case Management/Service Coordination

The provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.

### 605 Advocacy and Defense Resources

The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services, which may be provided by lay advocates as well as persons with legal training, may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for clients at hearings, the provision of legal advice, legal representation in court, legal research, education and counseling regarding legal rights and responsibilities.

## APPENDIX D

### 606 Health Screening and Accessibility

The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring and review; referral; and advocacy. Health screening provided as part of an overall client assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

### 609 Consumer Directed Supports

Consumer directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

- a. Provision of services and supports which assist the person, family or friends to:
  - Identify and access formal and informal support systems;
  - Develop a meaningful consumer support plan; or
  - Increase and/or maintain the capacity to direct formal and informal resources.
- b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- c. Development and implementation of person centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- d. Ongoing consultation, community support, training, problem-solving, technical assistance and financial management assistance to assure successful implementation of his/her person centered plan.
- e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

Services provided under a plan for consumer directed supports may not duplicate any other services provided to the person. Components of the consumer directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

## APPENDIX D

### 610 Housing Counseling

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

### 615 Supported Employment

Is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

### 701 Training and Development

The performance of management functions in a natural or supportive service setting directed at maximizing the knowledge and skills of individual human services providers. Management functions which may be performed include, but are not limited to: personnel development and consultation/training. Excludes daily living skills training for providers of foster care and adult family homes which is classified as part of the Daily Living Skills Training Program.

### 702 Agency/Systems Management

The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes public information and other services whose main purpose is administrative such as obtaining public input into agency plans and reports to governing boards and funding sources. Excludes management functions associated directly with any program or other management category.

## APPENDIX D

### 703 Detoxification - Hospital Setting and Receiving Center

Includes hospital based detoxification programs including those certified as HFS 61.55 emergency care inpatient programs and HFS 61.56 detoxification receiving center programs. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.

### 704 Day Treatment - Medical

A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51(1).

### 705 Detoxification - Social Setting

A social setting detoxification program provides treatment oriented service which does not include direct medical services as defined under s. HFS 61.58. This nonmedically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.

### 706 Day Center Services - Non-medical

A day treatment program (DTP) is a nonresidential program in a nonmedically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51 (1).

### 710 Skilled Nursing Services

Services listed in the plan of care which are within the scope of Wisconsin's Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a Registered Nurse, licensed to practice in the state.

## APPENDIX D

### 711 Residential Care Apartment Complex

Services provided in a certified community care facility. In conjunction with residing in the facility, this service includes 24 hours on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Care is provided to individuals who reside in their own living units that are separate and distinct from each other. Services delivery must be consumer driven to the maximum extent possible.

### 925 Institution for Mental Disease

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot Contract.

## APPENDIX E

### HOW TO REQUEST PROVIDER NUMBERS

Provider number requests can be sent via:

E-mail: soshelp@dhfs.state.wi.us

FAX: (608) 267-2437

or mail to: SOS DESK  
P.O. Box 7851  
1 West Wilson Street  
Room 851  
Madison, WI 53707-7851

Please include agency name along with a contact name when submitting data.

If you have a question on completing a request, please call the SOS Desk at (608) 266-9198.



## APPENDIX E

### HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper format to use when requesting provider numbers.

Provider Number		
Facility Name	Willow Oak CBRF	
Operator(s)/Parent Org*		
Address	1210 Willow Oak Ln	
City and State	Fond du Lac, WI	
Zip Code	54935	
County	020	
Provider Type	37	
License	04	
Lic Agy Name*	Lutheran Social Services	
Requesting Agency RU Code	4013	Board Op Facility**
Current Monthly Rate**		Prev Monthly Rate**
Current Daily Rate **		Prev Daily Rate**
Active Prov Ind**		Effective Date**
Date Keyed**		

\* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

\*\* - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

## APPENDIX E

### HOW TO REQUEST A CHANGE IN A PROVIDER NUMBER

Whenever requesting a change in data for a provider **always include the name and provider number.**

Provider Number	364013002	
Facility Name	Lewis Adult Family Home	
Operator(s)/Parent Org*		
Address	7119 Kumba Ct	
City and State	Madison, WI	
Zip Code	53719	
County		
Provider Type		
License		
Lic Agy Name*		
Requesting Agency RU Code	4013	
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

## APPENDIX E

### HSRS PROVIDER TYPES

<u>CODE</u>	<u>PROVIDER TYPE</u>
22	Foster home - children
23	Group home - corporate - for profit
24	Group home - corporate - nonprofit
25	Group home - unincorporated
26	Detention facility
27	Shelter care facility
28	Residential care center - private - for profit
29	Residential care center - private - nonprofit
30	Residential care center - public
31	School for the blind or deaf
32	Center for developmentally disabled
33	State mental health institute
34	Non-state operated psychiatric or specialty hospital
35	General hospital
36	Adult family home
37	CBRF - (5-8 residents)
38	CBRF - (9-16 residents)
39	CBRF - (17 + residents)
40	ICF-MR facility
43	Adult day care
44	Substitute care parent agencies
70	Supportive home care (individual)
71	Supportive home care (direct)
72	Supportive home care (contract)
76	In-home child care (relative)
77	In-home child care (nonrelative)
78	Family day care (relative)
79	Family day care (nonrelative)
80	Group center - child day care
82	Sheltered employment facility
83	Day services (nonmedical) facility
84	Day services (medical) facility
85	Outpatient facility/service office
86	Nursing home
87	Transitional living program
88	Approved ancillary services*
89	Other (including respite care and direct grants)

\* As listed in the Allowable Costs Manual

### LICENSE TYPES

<u>Code</u>	<u>Explanation</u>
00	Not licensed
01	Licensed by State of WI
02	Licensed <u>or</u> certified by a county in WI
03	Licensed by State of WI <u>and</u> county certified
04	Licensed by a private organization or another state
05	Tribal

APPENDIX E  
COUNTY OF RESIDENCE CODES

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	La Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

APPENDIX E

HSRS PROVIDER NUMBER REQUEST FORM

Date \_\_\_\_\_ Requester Name \_\_\_\_\_ Agency \_\_\_\_\_

_____	Provider Number
_____	Facility Name
_____	Operator(s)/Parent Organization
_____	Address
_____	City, State
_____	Zip Code
_____	County Code Facility Is Located In
_____	Provider Type
_____	License Type
_____	Licensing Agency Name
_____	Requesting Agency Reporting Unit
_____	Board Operated Facility
_____	Active Provider Indicator (Y or N)

## APPENDIX F

### ORDERING FORMS

HSRS forms are free of charge and may be ordered by:

- completing a DMT-25 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form,  
OR
- electronically ordered at <http://dhfs.wisconsin.gov/forms/printformsonline.htm>

# **HSRS File Transfer System Directions**

## **Introduction**

We have developed a batch interface to the Human Services Reporting System (HSRS) known as the HSRS File Transfer System (HSRS FTS). This new system replaces **all** previous batch reporting systems for the HSRS; however, it is **NOT** a replacement of the online system, but rather something counties may **choose** to use in place of or in addition to the online system. The new system is available to all county agencies as a reporting option. It utilizes the HSRS online processing code and internet file transfer technology to minimize the amount of maintenance required to keep the system operational.

## **Overview**

Counties collect data on their own computer system and then generate files for uploading to the HSRS FTS in a standard format, at a frequency that at least fulfills the minimum HSRS reporting requirement. The county staff then log on to a secured internet site using their HSRS Host User ID and Password. Using that site they upload their data to the HSRS Host for processing that evening. The following morning the results of the processing of their file are available on the same site for downloading. The county downloads the file, which contains both their good (processed) and bad (unprocessed) records. The county then may correct their errors by either generating another file with the corrections made and repeating the process, or by going out to the HSRS online screens and keying the data into the system directly. File transfers may be done on whatever frequency the county wishes, as long as the minimum reporting requirement for the particular Module is met. More frequent processing (monthly or even weekly) is encouraged, especially in the beginning, to keep errors down to a manageable size.

## **Impact on Previous Batch Processors**

Counties have submitted data to the HSRS in various formats for a number of different modules over the years. Each of those previous processors had their own requirements, quirks and problems. That is why the number of agencies reporting on them was limited. They were also quite labor intensive for State staff, making them more susceptible to budget and staffing concerns. The new HSRS FTS replaces **ALL** previous batch reporting options.

## **Modules**

The HSRS FTS will accept files for the following Modules:

CORE  
AODA (Alcohol and Other Drug Abuse)  
MH (Mental Health)  
LTS (Long Term Support)



The HSR FTS is not available for the Modules below. Therefore counties still need to key data online for these Modules:

FSP (Family Support Program)  
SE (Supported Employment)  
B3 (Birth to Three Program)

These Modules were not included because each contains a small number of clients, with limited data elements to be reported.

## **Reporting Frequencies and Times**

Each Module that may be reported through the HSRS FTS has its own frequency requirements that must be followed as a minimum. However, more frequent reporting is always an option. We especially encourage counties to report more frequently when they first start using the HSRS FTS so that the amount of errors is more manageable. You may report daily if you wish.

The system will allow you to transfer files between 8:00am and 5:00pm Monday through Saturday. This window insures that you will not be submitting a file for processing during one of our batch processing cycles and that any file you submit will be processed the same evening. Since the HSRS is not available on Sundays, neither is uploading files to the HSRS FTS.

## **File Layouts and Definitions**

In our effort to keep costs down and simplify maintenance to the HSRS FTS, thereby ensuring that the system is available uninterrupted into the future, we will not be duplicating documentation on field definitions. Those definitions and the values for fields can be seen in the HSRS Handbook (either the paper edition or the online edition, which is linked on the HSRS FTS screens). Each file layout follows the corresponding HSRS form fairly closely. Be aware that Screen 18 Optional Data, which is on the bottom of most of our forms has been moved up to an Optional Data Group near the beginning of each record, after the Client Group. The Episode (Next) Review Date is in the Episode Dates Group. We recommend having your HSRS expert work with your IT staff in building the file creation program. Your IT staff should have no problem understanding the record layouts and your HSRS expert will understand the data.

The following suggestions may prove helpful:

- Not all data on the file layouts are required. Refer to either a HSRS form or the Handbook to determine whether the data is required or optional. Optional data is shaded on HSRS forms.
- Always include the HSRS Client ID if known – while not required it insures that duplicate IDs do not get generated.
- Always include the Episode (Module) Key on update records – while not required, it insures that the system will be updating the episode you intend. If not supplied, the system will check for episodes of the correct type that have an Episode Start Date that corresponds to the one on your record.
- Include all information on update records, not just the information that is changing – this insures that we have all the data in the system correctly. While you can get by with less data, the chance for errors and the probability that the HSRS does not contain all the proper data increases.
- Note that all data is alpha-numeric – this means that “numeric” fields such as units should be reported as spaces unless you really wish to put zeroes in the field.
- To add an SPC you would include all the registration data, all the module specific data and then the SPC data.

- Only one SPC is allowed per record. To add a second SPC requires a second record.
- To report units or cost for a service requires entering the registration data, module specific data and SPC specific data, including the units and costs.
- To update a field, submit all data up to that point. So if the field to be updated is in the SPC section, submit the Registration data, the module specific data and the SPC data.
- Errors come back in two parts: ERR-MSG-OTHER and ERR-MSG-SCREEN. ERR-MSG-OTHER contains the field that was in error and ERR-MSG-SCREEN contains the error message from the screen. Please note that while these fields are on the record layouts, they should not be part of your input record. They are returned on the results file records only.
- RU-CODE – this is your 4 digit Reporting Unit Code followed by 00.
- MODULE-TYPE-CODE – this is the Module Type Code for the type of file you are submitting. Module Type Codes are 1 – CORE, 6 – AODA, 9 – MH, and A – LTS. They can also be found on the back of the HSRS Core Deskcard.

## **System Requirements**

This system was built and tested using Windows NT and Internet Explorer 5.0. While other software may be used, we do not guaranty that the HSRS FTS will work under other configurations. Due to the large number of configurations possible, we will only help counties troubleshoot problems with the functioning of HSRS FTS screens if they are using the configuration above. We will of course help counties with the understanding of requirements and explanation of errors in your Results File no matter what configuration you are using to do the file transfers.

## **System Updates**

From time to time file layouts will need to be changed to reflect changes to the system. It is our intention to give counties at least 6 months notice before new specifications will be implemented. However, when new specifications are implemented, files generated using the old specifications will no longer work and your records will be rejected. Therefore counties wishing to use this method of reporting should be prepared to provide the necessary resources to implement changes in the specifications on a timely basis.

## **Contact Information**

Scott Tews  
1 W. Wilson ST RM 851  
PO Box 7851  
Madison WI 53707-7851  
608-266-3318

[tewss@dhfs.state.wi.us](mailto:tewss@dhfs.state.wi.us)

## HSRS FTS Sign-In Procedure

To access the **HSRS FTS**, open Internet Explorer and enter:  
<https://wsp4.state.wi.us/hfs/hsrs/File Transfer>  
Press Enter.

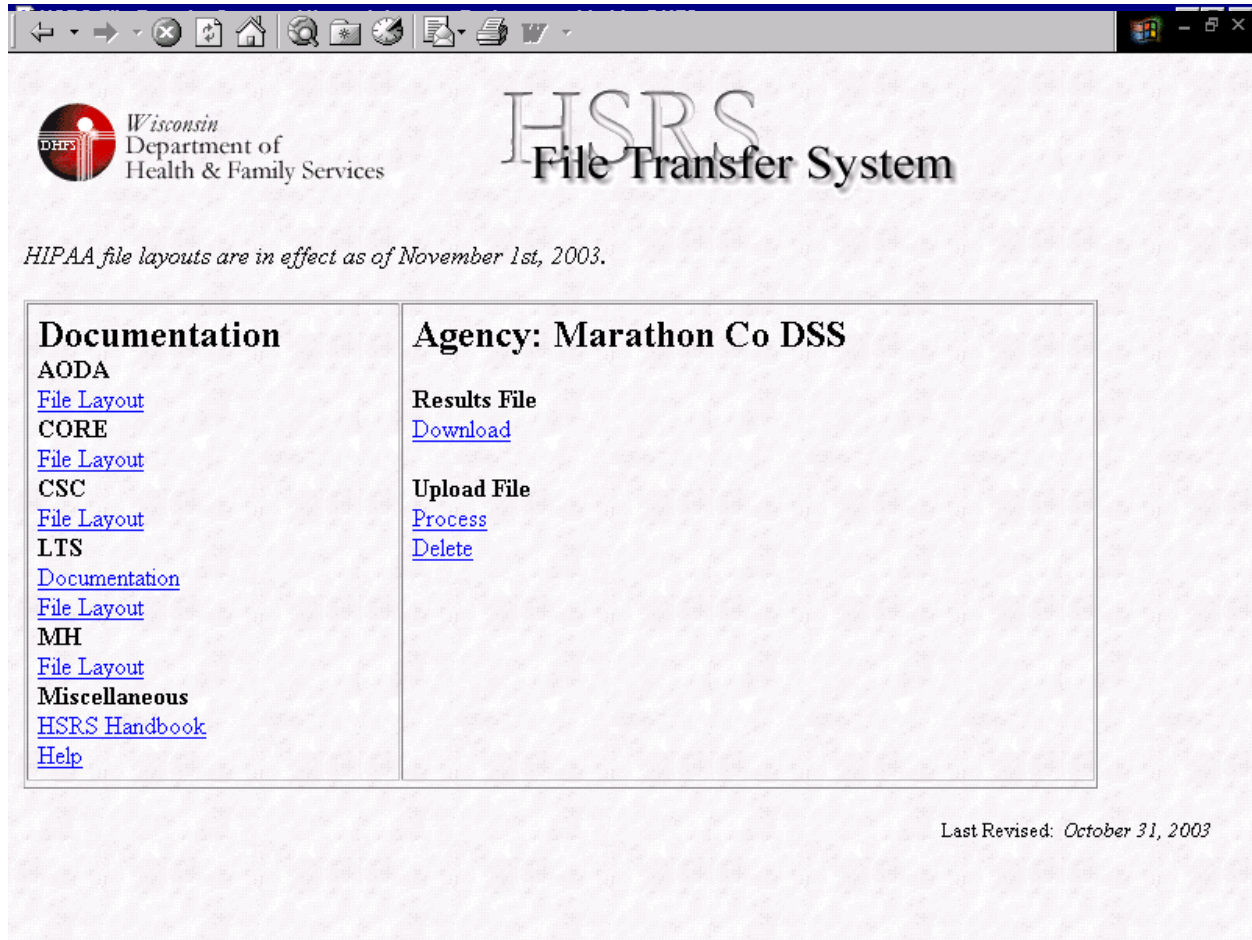
The following box will appear:



The image shows a Windows-style dialog box titled "Enter Network Password". It has a standard title bar with a question mark icon and a close button (X). The dialog box has a light blue background. On the left side, there is a yellow key icon. To the right of the icon, the text "Please type your user name and password." is displayed. Below this text, there are two labels: "Site:" and "Realm:". The "Site:" label is followed by the text "prdsec4p.it.state.wi.us". The "Realm:" label is followed by the text "System\_Logon". Below these labels, there are two text input fields. The first field is labeled "User Name" and the second field is labeled "Password". Below the "Password" field, there is a checkbox with the label "Save this password in your password list". At the bottom right of the dialog box, there are two buttons: "OK" and "Cancel".

Enter your mainframe User Name (USERID) and Password in the appropriate fields and click OK. This is the same ID you would use to access the HSRS online screens.

## HSRS FTS Main Screen



The main screen displays your Agency Name.

The screen provides the following links:

- **Download (Results File)** - use this link to download the Results File(s) from our host to your pc. All files processed within the last 90 days are available, even files previously downloaded. This allows you to download multiple times or to multiple machines or locations.
- **Process (Upload File)** - use this link to upload files from your pc to our host for processing.
- **Delete (Upload File)** - use this link to delete files you uploaded to our host that have not yet been processed. Remember, all files are processed the night they are loaded, so this link is only helpful on the day you upload a file to our host. If you wait until the following day, the file will already be processed.
- **File Layout** – under each module type click on this link to get a copy of the file layout.
- **HSRS Handbook** - use this link to go directly to the Online HSRS Handbook. Useful if you have questions about what values a field should contain.

## HSRS FTS Download Results File Screen

**Agency: Marathon Co DSS**

File	Upload Date	Module	Record Count	Good Records
	11-17-2003	CSC	50	46
	11-14-2003	CSC	36	6
	11-14-2003	Core	255	191
	11-05-2003	CSC	38	38
	11-04-2003	CSC	28	1
	11-04-2003	Core	422	307
	10-31-2003	CSC	160	149
	10-30-2003	LTS	86	84
	10-29-2003	LTS	116	109
	10-28-2003	LTS	73	58
	10-24-2003	LTS	90	87
	10-23-2003	LTS	65	57
	10-22-2003	LTS	37	0
	10-21-2003	LTS	97	88

Any files that have been processed are listed here and may be download to your machine. Files will be available to download for 90 days. Downloading a file does not affect it's availability, it will remain available for 90 days from it's creation date, allowing you to download it as often as you wish, or to various machines if you wish. Downloads may take a while depending on the length of your file. To download the file click on the icon under the File column next to the Upload Date you wish to download and follow the directions.

## HSRS FTS Upload File for Processing Screen

Wisconsin Department of Health & Family Services

# HSRS

## Upload File for Processing

[Home](#)

Upload File

[Delete](#)

Results File

[Download](#)

[Help](#)

<b>Agency: Marathon Co DSS</b>	
<b>Enter file name:</b>	<input type="text"/> <input type="button" value="Browse..."/>
<b>Enter module type:</b>	<input type="text" value="AODA"/>
	<input type="button" value="Submit"/>

Last Revised: October 31, 2003

Use this screen to upload your files to our host for processing. You may enter the file name directly or click the Browse button to browse your machine for the file. You must then click on the down arrow to select the module type you will be uploading. An edit will be performed to check that the module type on the file you upload matches the module type you select on the screen. Click the Submit button to upload your file. This may take a while, depending on the size of your file. Files may only be uploaded to our host from 8:00am until 5:00pm, Monday through Saturday. This will prevent files from being uploaded during our batch processing cycles and insure that your files are processed during the night of the day they were received.



## HSRS FTS Delete Uploaded File Screen

Wisconsin  
Department of  
Health & Family Services

# HSRS Delete Uploaded File

[Home](#)

Results File  
[Download](#)

Upload File  
[Process](#)

<b>Agency: Marathon Co DSS</b>
<b>Select file:</b>
No Files Found

**No records found on Upload Table.**

Last Revised: *October 31, 2003*

Use this screen to delete any files you may have uploaded for processing that you no longer wish to have processed. Each file will be listed and may be selected for deletion. When no more files are waiting for processing, the screen will look like the one above. Remember that files will be processed the night they are uploaded, so this screen is only useful to delete files the day they were submitted.

**CORE RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AXC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	CORE-RECORD		1	651	651	
2	2 CORE-UPLOAD-RECORD	GROUP	1	551	551	
3	3 CORE-RU-CODE	X(6)	1	6	6	
4	3 CORE-MODULE-TYPE-CODE	X	7	7	1	
5	3 CORE-CLIENT-ID	X(14)	8	21	14	
6	3 CORE-MODULE-KEY	X(8)	22	29	8	
7	3 CORE-DATA-GEN-TEXT	GROUP	30	551	522	
8	5 CORE-RECORD-DETAIL	GROUP	30	476	447	
9	10 CORE-CLIENT	GROUP	30	174	145	
10	15 CORE-CLT-SSN	X(9)	30	38	9	
11	15 CORE-CLT-MA	X(10)	39	48	10	
12	15 CORE-WORKER-ID	X(10)	49	58	10	
13	15 CORE-CLT-NAME	GROUP	59	153	95	
14	20 CORE-CLT-LN	X(35)	59	93	35	EXPANDED
15	20 CORE-CLT-FN	X(25)	94	118	25	EXPANDED
16	20 CORE-CLT-MN	X(25)	119	143	25	EXPANDED
17	20 CORE-CLT-SUFF	X(10)	144	153	10	EXPANDED
18	15 CORE-CLT-DOB	GROUP	154	161	8	
19	20 CORE-CLT-DOB-CCYY	X(4)	154	157	4	
20	20 CORE-CLT-DOB-MM	XX	158	159	2	
21	20 CORE-CLT-DOB-DD	XX	160	161	2	
22	15 CORE-CLT-GENDER	X	162	162	1	
23	15 CORE-HISP-ORIGIN	X	163	163	1	
24	15 CORE-CLT-RACE-CD	GROUP	164	168	5	
25	20 CORE-CLT-RACE-1	X	164	164	1	
26	20 CORE-CLT-RACE-2	X	165	165	1	
27	20 CORE-CLT-RACE-3	X	166	166	1	
28	20 CORE-CLT-RACE-4	X	167	167	1	
29	20 CORE-CLT-RACE-5	X	168	168	1	
30	15 CORE-CLT-CHAR	GROUP	169	174	6	
31	20 CORE-CLT-CHAR-1	XX	169	170	2	
32	20 CORE-CLT-CHAR-2	XX	171	172	2	
33	20 CORE-CLT-CHAR-3	XX	173	174	2	
34	10 CORE-OPTIONAL-DATA	GROUP	175	387	213	
35	15 CORE-CLT-ADDR	GROUP	175	347	173	
36	20 CORE-CLT-STREET	X(55)	175	229	55	EXPANDED
37	20 CORE-CLT-ADDR2	X(55)	230	284	55	NEW
38	20 CORE-CLT-CITY	X(52)	285	336	52	EXPANDED
39	20 CORE-CLT-STATE	XX	337	338	2	
40	20 CORE-CLT-ZIP	GROUP	339	347	9	
41	25 CORE-CLT-ZIP-5	X(5)	339	343	5	
42	25 CORE-CLT-ZIP-4	X(4)	344	347	4	
43	15 CORE-COUNTY	XXX	348	350	3	
44	15 CORE-CLT-TEL	GROUP	351	360	10	
45	20 CORE-CLT-TEL-AREA	XXX	351	353	3	
46	20 CORE-CLT-TEL-PRE	XXX	354	356	3	
47	20 CORE-CLT-TEL-SUF	X(4)	357	360	4	
48	15 CORE-DIAGNOSIS	X(6)	361	366	6	
49	15 CORE-FAMILY-ID	X(7)	367	373	7	



**CORE RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AXC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
50	15 CORE-LOCAL-1	X(8)	374	381	8	
51	15 CORE-LOCAL-2	X(6)	382	387	6	
52	10 CORE-EPISODE-DATES	GROUP	388	421	34	
53	15 CORE-START-DATE	GROUP	388	395	8	
54	20 CORE-EPS-START-CCYY	X(4)	388	391	4	
55	20 CORE-EPS-START-MM	XX	392	393	2	
56	20 CORE-EPS-START-DD	XX	394	395	2	
57	15 CORE-REVIEW-DATE	GROUP	396	403	8	
58	20 CORE-EPS-REV-CCYY	X(4)	396	399	4	
59	20 CORE-EPS-REV-MM	XX	400	401	2	
60	20 CORE-EPS-REV-DD	XX	402	403	2	
61	15 CORE-END-DATE	GROUP	404	411	8	
62	20 CORE-EPS-END-CCYY	X(4)	404	407	4	
63	20 CORE-EPS-END-MM	XX	408	409	2	
64	20 CORE-EPS-END-DD	XX	410	411	2	
65	15 CORE-CLOSE-REASON	XX	412	413	2	
66	15 CORE-REPORT-DATE	GROUP	414	421	8	NEW
67	20 CORE-REPORT-CCYY	X(4)	414	417	4	NEW
68	20 CORE-REPORT-MM	XX	418	419	2	NEW
69	20 CORE-REPORT-DD	XX	420	421	2	NEW
70	10 CORE-SPC-DATA	GROUP	422	458	37	
71	15 CORE-SPC-CODE	XXX	422	424	3	
72	15 CORE-TARGET-GRP	XX	425	426	2	
73	15 CORE-DAYS-OF-CARE	XXX	427	429	3	
74	15 CORE-OTH-UNIT-GROUP	GROUP	430	434	5	
75	20 CORE-OTH-UNIT	XXX	430	432	3	
76	20 CORE-OTH-UNIT-DEC	XX	433	434	2	
77	15 CORE-DELIVERY-DATE	GROUP	435	442	8	
78	20 CORE-DEL-CCYY	X(4)	435	438	4	
79	20 CORE-DEL-MM	XX	439	440	2	
80	20 FILLER	XX	441	442	2	
81	15 CORE-SPC-DATES	GROUP	443	458	16	
82	20 CORE-SPC-START-DT	GROUP	443	450	8	
83	25 CORE-SPC-ST-CCYY	X(4)	443	446	4	
84	25 CORE-SPC-ST-MM	XX	447	448	2	
85	25 CORE-SPC-ST-DD	XX	449	450	2	
86	20 CORE-SPC-END-DT	GROUP	451	458	8	
87	25 CORE-SPC-END-CCYY	X(4)	451	454	4	
88	25 CORE-SPC-END-MM	XX	455	456	2	
89	25 CORE-SPC-END-DD	XX	457	458	2	
90	10 FILLER	XXXX				REMOVED
91	10 CORE-PROVIDER-ID	X(10)	459	468	10	
92	10 CORE-SPC-REV-DT	GROUP	469	476	8	
93	15 CORE-SPC-REV-CCYY	X(4)	469	472	4	
94	15 CORE-SPC-REV-MM	XX	473	474	2	
95	15 FILLER	XX	475	476	2	
96	5 CORE-LOCAL-USE	X(75)	477	551	75	
97	2 CORE-ERR-MESSAGE-TEXT	GROUP	552	651	100	
98	3 CORE-ERR-MSG-OTHER	X(21)	552	572	21	DOWNLOAD ONLY
99	3 CORE-ERR-MSG-SCREEN	X(79)	573	651	79	DOWNLOAD ONLY

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	AODA-RECORD		1	708	708	
2	2 AODA-UPLOAD-RECORD	GROUP	1	608	608	
3	3 AODA-RU-CODE	X(6)	1	6	6	
4	3 AODA-MODULE-TYPE-CODE	X	7	7	1	
5	3 AODA-CLIENT-ID	X(14)	8	21	14	
6	3 AODA-MODULE-KEY	X(8)	22	29	8	
7	3 AODA-DATA-GEN-TEXT	GROUP	30	608	579	
8	5 AODA-RECORD-DETAIL	GROUP	30	533	504	
9	10 AODA-CLIENT	GROUP	30	174	145	
10	15 AODA-CLT-SSN	X(9)	30	38	9	
11	15 AODA-CLT-MA	X(10)	39	48	10	
12	15 AODA-WORKER-ID	X(10)	49	58	10	
13	15 AODA-CLT-NAME	GROUP	59	153	95	
14	20 AODA-CLT-LN	X(35)	59	93	35	EXPANDED
15	20 AODA-CLT-FN	X(25)	94	118	25	EXPANDED
16	20 AODA-CLT-MN	X(25)	119	143	25	EXPANDED
17	20 AODA-CLT-SUFF	X(10)	144	153	10	EXPANDED
18	15 AODA-CLT-DOB	GROUP	154	161	8	
19	20 AODA-CLT-DOB-CCYY	X(4)	154	157	4	
20	20 AODA-CLT-DOB-MM	XX	158	159	2	
21	20 AODA-CLT-DOB-DD	XX	160	161	2	
22	15 AODA-CLT-GENDER	X	162	162	1	
23	15 AODA-HISP-ORIGIN	X	163	163	1	
24	15 AODA-CLT-RACE-CD	GROUP	164	168	5	
25	20 AODA-CLT-RACE-1	X	164	164	1	
26	20 AODA-CLT-RACE-2	X	165	165	1	
27	20 AODA-CLT-RACE-3	X	166	166	1	
28	20 AODA-CLT-RACE-4	X	167	167	1	
29	20 AODA-CLT-RACE-5	X	168	168	1	
30	15 AODA-CLT-CHAR	GROUP	169	174	6	
31	20 AODA-CLT-CHAR-1	XX	169	170	2	
32	20 AODA-CLT-CHAR-2	XX	171	172	2	
33	20 AODA-CLT-CHAR-3	XX	173	174	2	
34	10 AODA-OPTIONAL-DATA	GROUP	175	387	213	
35	15 AODA-CLT-ADDR	GROUP	175	347	173	
36	20 AODA-CLT-STREET	X(55)	175	229	55	EXPANDED
37	20 AODA-CLT-ADDR2	X(55)	230	284	55	NEW
38	20 AODA-CLT-CITY	X(52)	285	336	52	EXPANDED
39	20 AODA-CLT-STATE	XX	337	338	2	
40	20 AODA-CLT-ZIP	GROUP	339	347	9	
41	25 AODA-CLT-ZIP-5	X(5)	339	343	5	
42	25 AODA-CLT-ZIP-4	X(4)	344	347	4	
43	15 AODA-COUNTY	XXX	348	350	3	
44	15 AODA-CLT-TEL	GROUP	351	360	10	
45	20 AODA-CLT-TEL-AREA	XXX	351	353	3	
46	20 AODA-CLT-TEL-PRE	XXX	354	356	3	
47	20 AODA-CLT-TEL-SUF	X(4)	357	360	4	
48	15 AODA-DIAGNOSIS	X(6)	361	366	6	
49	15 AODA-FAMILY-ID	X(7)	367	373	7	
50	15 AODA-LOCAL-1	X(8)	374	381	8	
51	15 AODA-LOCAL-2	X(6)	382	387	6	

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
52	10 AODA-EPISODE-DATES	GROUP	388	413	26	
53	15 AODA-EPISODE-START-DATE	GROUP	388	395	8	
54	20 AODA-EPS-START-CCYY	X(4)	388	391	4	
55	20 AODA-EPS-START-MM	XX	392	393	2	
56	20 AODA-EPS-START-DD	XX	394	395	2	
57	15 AODA-REVIEW-DT	GROUP	396	403	8	
58	20 AODA-EPS-REV-CCYY	X(4)	396	399	4	
59	20 AODA-EPS-REV-MM	XX	400	401	2	
60	20 AODA-EPS-REV-DD	XX	402	403	2	
61	15 AODA-EPISODE-END-DATE	GROUP	404	411	8	
62	20 AODA-EPS-END-CCYY	X(4)	404	407	4	
63	20 AODA-EPS-END-MM	XX	408	409	2	
64	20 AODA-EPS-END-DD	XX	410	411	2	
65	15 FILLER	XX	412	413	2	
66	10 AODA-CODEP-COLLAT	X	414	414	1	
67	10 AODA-REF-SRC	XX	415	416	2	
68	10 AODA-EDUCATION	XX	417	418	2	
69	10 AODA-FAM-REL	X	419	419	1	
70	10 AODA-BRIEF-SERV	X	420	420	1	
71	10 AODA-EMPL-STAT	X	421	421	1	
72	10 FILLER	X	422	422	1	See footnote
73	10 AODA-CLT-PREG-IND	X	423	423	1	
74	10 FILLER	XXX	424	426	3	See footnote
75	10 AODA-SPEC-PROJ	X(22)	427	448	22	
76	10 FILLER	XX	449	450	2	Future use
77	10 FILLER	XX	451	452	2	Future use
78	10 AODA-SUB-PROBLEMS	GROUP	453	458	6	
79	15 AODA-SUBSTANCE-1	XX	453	454	2	
80	15 AODA-SUBSTANCE-2	XX	455	456	2	
81	15 AODA-SUBSTANCE-3	XX	457	458	2	
82	10 AODA-SUBST-DISCH	XX	459	460	2	
83	10 AODA-ADMIN-ROUTE	GROUP	461	463	3	
84	15 AODA-ADMIN-USUAL-RTE-1	X	461	461	1	
85	15 AODA-ADMIN-USUAL-RTE-2	X	462	462	1	
86	15 AODA-ADMIN-USUAL-RTE-3	X	463	463	1	
87	10 AODA-DRUG-USE-FREQ	GROUP	464	466	3	
88	15 AODA-DRUG-USE-FREQ-1	X	464	464	1	
89	15 AODA-DRUG-USE-FREQ-2	X	465	465	1	
90	15 AODA-DRUG-USE-FREQ-3	X	466	466	1	
91	10 AODA-AGE-FIRST-USE	GROUP	467	472	6	
92	15 AODA-AGE-FIRST-USE-1	XX	467	468	2	
93	15 AODA-AGE-FIRST-USE-2	XX	469	470	2	
94	15 AODA-AGE-FIRST-USE-3	XX	471	472	2	
95	10 AODA-SPC-DATA	GROUP	473	533	61	
96	15 AODA-SPC-CODE	XXX	473	475	3	
97	15 AODA-SPC-SUB-CODE	XX	476	477	2	
98	15 AODA-SPC-START-DT	GROUP	478	485	8	
99	20 AODA-SPC-START-CCYY	X(4)	478	481	4	
100	20 AODA-SPC-START-MM	XX	482	483	2	
101	20 AODA-SPC-START-DD	XX	484	485	2	

**AODA RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
102	15 AODA-DELIV-PERIOD	GROUP	486	491	6	
103	20 AODA-DELIV-CCYY	X(4)	486	489	4	
104	20 AODA-DELIV-MM	XX	490	491	2	
105	15 AODA-PROVIDER-ID	X(10)	492	501	10	
106	15 AODA-DAYS-OF-CARE	XXX	502	504	3	
107	15 AODA-OTHER-UNITS	X(6)	505	510	6	
108	15 AODA-SPC-END-DT	GROUP	511	518	8	
109	20 AODA-SPC-END-CCYY	X(4)	511	514	4	
110	20 AODA-SPC-END-MM	XX	515	516	2	
111	20 AODA-SPC-END-DD	XX	517	518	2	
112	15 AODA-SPC-END-RSN	XX	519	520	2	
113	15 AODA-CLOSE-STAT-A	X	521	521	1	
114	15 AODA-CLOSE-STAT-F	X	522	522	1	
115	15 AODA-CLOSE-STAT-E	X	523	523	1	
116	15 AODA-TARGET-GROUP	XX	524	525	2	
117	15 AODA-SPC-REV-DT	GROUP	526	533	8	
118	20 AODA-SPC-REV-CCYY	X(4)	526	529	4	
119	20 AODA-SPC-REV-MM	XX	530	531	2	
120	20 AODA-SPC-REV-DD	XX	532	533	2	
121	<b>FILLER</b>	<b>X(15)</b>				<b>REMOVED</b>
122	5 AODA-LOCAL-USE	X(75)	534	608	75	
123	2 AODA-ERR-MESSAGE-TEXT	GROUP	609	708	100	
124	3 AODA-ERR-MSG-OTHER	X(21)	609	629	21	DOWNLOAD ONLY
125	3 AODA-ERR-MSG-SCREEN	X(79)	630	708	79	DOWNLOAD ONLY

**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	MH-RECORD		1	742	742	
2	2 MH-UPLOAD-RECORD	GROUP	1	642	642	
3	3 MH-RU-CODE	X(6)	1	6	6	
4	3 MH-MODULE-TYPE-CODE	X	7	7	1	
5	3 MH-CLIENT-ID	X(14)	8	21	14	
6	3 MH-MODULE-KEY	X(8)	22	29	8	
7	3 MH-DETAIL	GROUP	30	642	613	
8	10 MH-CLIENT	GROUP	30	174	145	
9	15 MH-CLT-SSN	X(9)	30	38	9	
10	15 MH-CLT-MA	X(10)	39	48	10	
11	15 MH-WORKER-ID	X(10)	49	58	10	
12	15 MH-CLT-NAME	GROUP	59	153	95	
13	20 MH-CLT-LN	X(35)	59	93	35	EXPANDED
14	20 MH-CLT-FN	X(25)	94	118	25	EXPANDED
15	20 MH-CLT-MN	X(25)	119	143	25	EXPANDED
16	20 MH-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	15 MH-CLT-DOB	GROUP	154	161	8	
18	20 MH-CLT-DOB-CCYY	X(4)	154	157	4	
19	20 MH-CLT-DOB-MM	XX	158	159	2	
20	20 MH-CLT-DOB-DD	XX	160	161	2	
21	15 MH-CLT-GENDER	X	162	162	1	
22	15 MH-CLT-HISP-ORIGIN	X	163	163	1	
23	15 MH-CLT-RACE-CD	GROUP	164	168	5	
24	20 MH-CLT-RACE-1	X	164	164	1	
25	20 MH-CLT-RACE-2	X	165	165	1	
26	20 MH-CLT-RACE-3	X	166	166	1	
27	20 MH-CLT-RACE-4	X	167	167	1	
28	20 MH-CLT-RACE-5	X	168	168	1	
29	15 MH-CLT-CHAR	GROUP	169	174	6	
30	20 MH-CLT-CHAR-1	XX	169	170	2	
31	20 MH-CLT-CHAR-2	XX	171	172	2	
32	20 MH-CLT-CHAR-3	XX	173	174	2	
33	10 MH-OPTIONAL-DATA	GROUP	175	387	213	
34	15 MH-CLT-ADDR	GROUP	175	347	173	
35	20 MH-CLT-STREET	X(55)	175	229	55	EXPANDED
36	20 MH-CLT-ADDR2	X(55)	230	284	55	NEW
37	20 MH-CLT-CITY	X(52)	285	336	52	EXPANDED
38	20 MH-CLT-STATE	XX	337	338	2	
39	20 MH-CLT-ZIP	GROUP	339	347	9	
40	25 MH-CLT-ZIP-5	X(5)	339	343	5	
41	25 MH-CLT-ZIP-4	X(4)	344	347	4	
42	15 MH-COUNTY	XXX	348	350	3	
43	15 MH-CLT-TEL	GROUP	351	360	10	
44	20 MH-CLT-TEL-AREA	XXX	351	353	3	
45	20 MH-CLT-TEL-PRE	XXX	354	356	3	
46	20 MH-CLT-TEL-SUF	X(4)	357	360	4	
47	15 MH-DIAGNOSIS	X(6)	361	366	6	
48	15 MH-FAMILY-ID	X(7)	367	373	7	
49	15 MH-LOCAL-1	X(8)	374	381	8	
50	15 MH-LOCAL-2	X(6)	382	387	6	
51	10 MH-EPIISODE-DATES	GROUP	388	413	26	
52	15 FILLER	X(8)	388	395	8	See footnote
53	15 MH-REVIEW-DATE	GROUP	396	403	8	
54	20 MH-EPS-REV-CCYY	X(4)	396	399	4	
55	20 MH-EPS-REV-MM	XX	400	401	2	
56	20 MH-EPS-REV-DD	XX	402	403	2	

**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
57	15 MH-END-DT	GROUP	404	411	8	
58	20 MH-EPS-END-CCYY	X(4)	404	407	4	
59	20 MH-EPS-END-MM	XX	408	409	2	
60	20 MH-EPS-END-DD	XX	410	411	2	
61	15 FILLER	XX	412	413	2	
62	10 MH-COM-STA	X	414	414	1	
63	10 MH-COM-STA-REVIEW-DATE	GROUP	415	422	8	
64	15 MH-COM-STA-REV-CCYY	X(4)	415	418	4	
65	15 MH-COM-STA-REV-MM	XX	419	420	2	
66	15 MH-COM-STA-REV-DD	XX	421	422	2	
67	10 MH-BRC-TG	X	423	423	1	
68	10 MH-PRESENTING-PROBLEMS	GROUP	424	429	6	
69	15 MH-PRES-PB1	XX	424	425	2	
70	15 MH-PRES-PB2	XX	426	427	2	
71	15 MH-PRES-PB3	XX	428	429	2	
72	10 MH-DIAGNOSIS-CODES	GROUP	430	454	25	
73	15 MH-DIAGNOSIS-IMP1	XXX	430	432	3	
74	15 MH-DIAGNOSIS-IMP1-DEC	XX	433	434	2	
75	15 MH-DIAGNOSIS-IMP2	XXX	435	437	3	
76	15 MH-DIAGNOSIS-IMP2-DEC	XX	438	439	2	
77	15 MH-DIAGNOSIS-IMP3	XXX	440	442	3	
78	15 MH-DIAGNOSIS-IMP3-DEC	XX	443	444	2	
79	15 MH-DIAGNOSIS-IMP4	XXX	445	447	3	
80	15 MH-DIAGNOSIS-IMP4-DEC	XX	448	449	2	
81	15 MH-DIAGNOSIS-IMP5	XXX	450	452	3	
82	15 MH-DIAGNOSIS-IMP5-DEC	XX	453	454	2	
83	10 MH-CNTY-RES	XX	455	456	2	
84	10 MH-SOC-SUPP	XX	457	458	2	
85	10 MH-NUM-CHILDREN	XX	459	460	2	
86	10 MH-CHILDREN-HOME	XX	461	462	2	
87	10 MH-VETERN-STATUS	X	463	463	1	
88	10 MH-REFERRAL-SOURCE	XX	464	465	2	
89	10 MH-CASE-REV-DT	GROUP	466	473	8	
90	15 MH-CASE-REV-CCYY	X(4)	466	469	4	
91	15 MH-CASE-REV-MM	XX	470	471	2	
92	15 MH-CASE-REV-DD	XX	472	473	2	
93	10 MH-SPC-CODE	XXX	474	476	3	
94	10 MH-SPC-SUB-CODE	XX	477	478	2	
95	10 MH-SPC-START-DT	GROUP	479	486	8	
96	15 MH-SPC-START-CCYY	X(4)	479	482	4	
97	15 MH-SPC-START-MM	XX	483	484	2	
98	15 MH-SPC-START-DD	XX	485	486	2	
99	10 MH-PROVIDER-NUM	X(10)	487	496	10	
100	10 MH-UNITS-DAYS	XXX	497	499	3	
101	10 MH-UNITS-OTHER	GROUP	500	504	5	
102	15 MH-UNITS	XXX	500	502	3	
103	15 MH-UNITS-DEC	XX	503	504	2	
104	10 MH-SPC-END-DT	GROUP	505	512	8	
105	15 MH-SPC-END-CCYY	X(4)	505	508	4	
106	15 MH-SPC-END-MM	XX	509	510	2	
107	15 MH-SPC-END-DD	XX	511	512	2	
108	10 MH-SPC-CLR	XX	513	514	2	
109	10 MH-DELIVERY-DT	GROUP	515	522	8	
110	15 MH-DEL-CCYY	X(4)	515	518	4	
111	15 MH-DEL-MM	XX	519	520	2	
112	15 FILLER	XX	521	522	2	

**MH RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
113	10 MH-SPC-REVIEW-DT	GROUP	523	530	8	
114	15 MH-SPC-REV-CCYY	X(4)	523	526	4	
115	15 MH-SPC-REV-MM	XX	527	528	2	
116	15 FILLER	XX	529	530	2	
117	10 MH-STATUS-REPORT-DATE	GROUP	531	538	8	
118	15 MH-STATUS-REPORT-CCYY	X(4)	531	534	4	
119	15 MH-STATUS-REPORT-MM	XX	535	536	2	
120	15 FILLER	XX	537	538	2	
121	10 MH-STATUS-DATA	GROUP	539	567	29	
122	15 MH-SEVERITY-UPDATE	X	539	539	1	
123	15 MH-DSMIV-AXISIV	X	540	540	1	
124	15 MH-DSMIV-AXISV	XX	541	542	2	
125	15 MH-HEALTH-STATUS	X	543	543	1	
126	15 MH-HLTH-CARE-APPT1	X	544	544	1	
127	15 MH-HLTH-CARE-APPT2	X	545	545	1	
128	15 MH-HLTH-CARE-APPT3	X	546	546	1	
129	15 MH-SELF-HARM	X	547	547	1	
130	15 MH-RES-ARRANGE	X	548	548	1	
131	15 MH-DAILY-ACTIVITY	XXX	549	551	3	
132	15 MH-EMPLOYMENT	XX	552	553	2	
133	15 MH-EMPLOY-LEVEL	X	554	554	1	
134	15 MH-COMMIT-STAT-UPD	X	555	555	1	
135	15 MH-CRIMINAL-ACTIV	X(4)	556	559	4	
136	15 MH-FIN-SUPP-1	XX	560	561	2	
137	15 MH-FIN-SUPP-2	XX	562	563	2	
138	15 MH-FIN-SUPP-3	XX	564	565	2	
139	15 MH-FIN-SUPP-4	XX	566	567	2	
140	10 MH-LOCAL-USE	X(75)	568	642	75	
141	2 MH-ERR-MESSAGE-TEXT	GROUP	643	742	100	
142	3 MH-ERR-MSG-OTHER	X(21)	643	663	21	DOWNLOAD ONLY
143	3 MH-ERR-MSG-SCREEN	X(79)	664	742	79	DOWNLOAD ONLY

**LTS RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	LTS-RECORD		1	678	678	
2	2 LTS-UPLOAD-RECORD	GROUP	1	578	578	
3	3 LTS-RU-CODE	X(6)	1	6	6	
4	3 LTS-MODULE-TYPE-CODE	X	7	7	1	
5	3 LTS-CLIENT-ID	X(14)	8	21	14	
6	3 LTS-MODULE-KEY	X(8)	22	29	8	
7	3 LTS-DETAIL	GROUP	30	578	549	
8	10 LTS-CLIENT	GROUP	30	174	145	
9	15 LTS-CLT-SSN	X(9)	30	38	9	
10	15 LTS-CLT-MA	X(10)	39	48	10	
11	15 LTS-WORKER-ID	X(10)	49	58	10	
12	15 LTS-CLT-NAME	GROUP	59	153	95	
13	20 LTS-CLT-LN	X(35)	59	93	35	EXPANDED
14	20 LTS-CLT-FN	X(25)	94	118	25	EXPANDED
15	20 LTS-CLT-MN	X(25)	119	143	25	EXPANDED
16	20 LTS-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	15 LTS-CLT-DOB	GROUP	154	161	8	
18	20 LTS-CLT-DOB-CCYY	X(4)	154	157	4	
19	20 LTS-CLT-DOB-MM	XX	158	159	2	
20	20 LTS-CLT-DOB-DD	XX	160	161	2	
21	15 LTS-CLT-GENDER	X	162	162	1	
22	15 LTS-HISP-ORIGIN	X	163	163	1	
23	15 LTS-CLT-RACE-CD	GROUP	164	168	5	
24	20 LTS-CLT-RACE-1	X	164	164	1	
25	20 LTS-CLT-RACE-2	X	165	165	1	
26	20 LTS-CLT-RACE-3	X	166	166	1	
27	20 LTS-CLT-RACE-4	X	167	167	1	
28	20 LTS-CLT-RACE-5	X	168	168	1	
29	15 LTS-CLT-CHAR	GROUP	169	174	6	
30	20 LTS-CLT-CHAR-1	XX	169	170	2	
31	20 LTS-CLT-CHAR-2	XX	171	172	2	
32	20 LTS-CLT-CHAR-3	XX	173	174	2	
33	10 LTS-OPTIONAL-DATA	GROUP	175	387	213	
34	15 LTS-CLT-ADDR	GROUP	175	347	173	
35	20 LTS-CLT-STREET	X(55)	175	229	55	EXPANDED
36	20 LTS-CLT-ADDR2	X(55)	230	284	55	NEW
37	20 LTS-CLT-CITY	X(52)	285	336	52	EXPANDED
38	20 LTS-CLT-STATE	XX	337	338	2	
39	20 LTS-CLT-ZIP	GROUP	339	347	9	
40	25 LTS-CLT-ZIP-5	X(5)	339	343	5	
41	25 LTS-CLT-ZIP-4	X(4)	344	347	4	
42	15 LTS-COUNTY	XXX	348	350	3	
43	15 LTS-CLT-TEL	GROUP	351	360	10	
44	20 LTS-CLT-TEL-AREA	XXX	351	353	3	
45	20 LTS-CLT-TEL-PRE	XXX	354	356	3	
46	20 LTS-CLT-TEL-SUF	X(4)	357	360	4	
47	15 LTS-DIAGNOSIS	X(6)	361	366	6	
48	15 LTS-FAMILY-ID	X(7)	367	373	7	



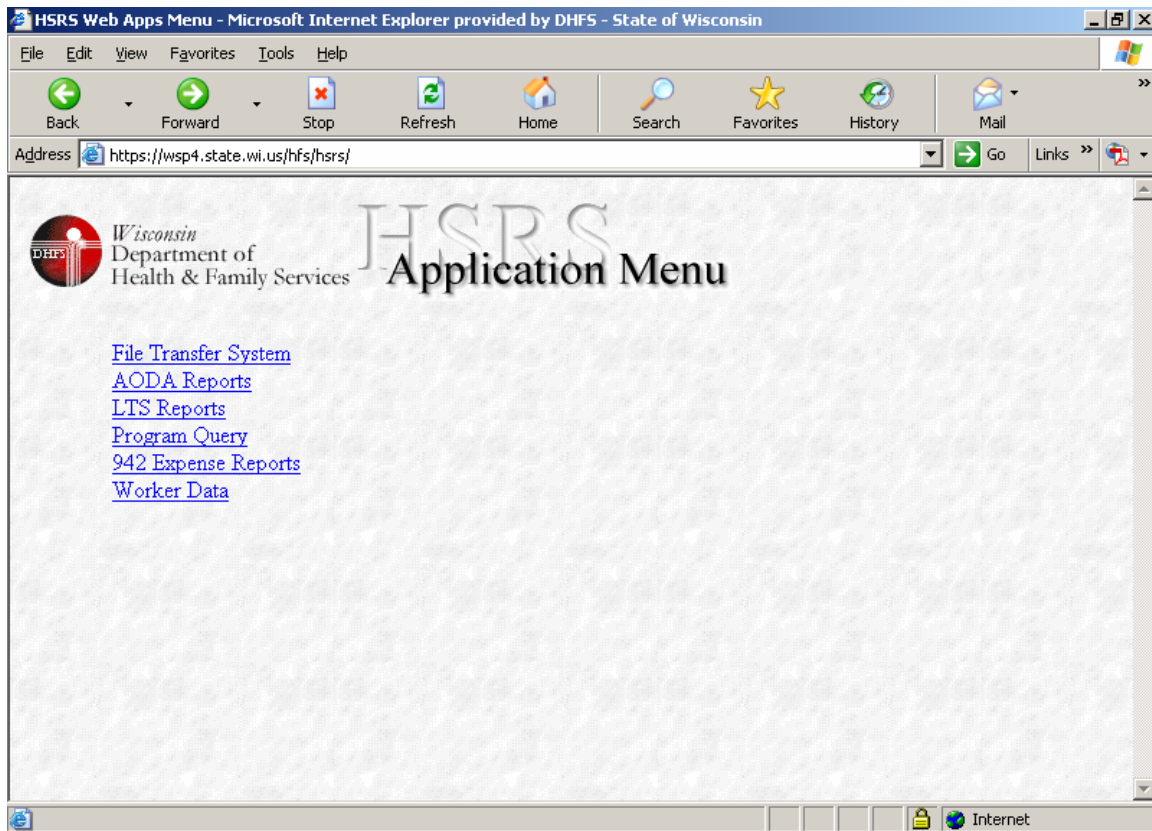
**LTS RECORD LAYOUT**  
**UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
49	15 LTS-LOCAL-1	X(8)	374	381	8	
50	15 LTS-LOCAL-2	X(6)	382	387	6	
51	10 LTS-EPIISODE-DATES	GROUP	388	413	26	
52	15 FILLER	X(8)	388	395	8	
53	15 LTS-REVIEW-DATE	GROUP	396	403	8	
54	20 LTS-EPS-REV-CCYY	X(4)	396	399	4	
55	20 LTS-EPS-REV-MM	XX	400	401	2	
56	20 LTS-EPS-REV-DD	XX	402	403	2	
57	15 LTS-EPIISODE-END-DT	GROUP	404	411	8	
58	20 LTS-EPS-END-CCYY	X(4)	404	407	4	
59	20 LTS-EPS-END-MM	XX	408	409	2	
60	20 LTS-EPS-END-DD	XX	410	411	2	
61	15 LTS-CLOSE-REASON	XX	412	413	2	
62	10 LTS-CARE-LEVEL	X	414	414	1	
63	10 LTS-MARITAL-STAT	X	415	415	1	
64	10 LTS-LIVING-ARR-PRIOR	XX	416	417	2	
65	10 LTS-LIVING-ARR-CURRENT	XX	418	419	2	
66	10 LTS-LIVING-ARR-PEOPLE	XX	420	421	2	
67	10 LTS-NAT-SUPP-SRC	X	422	422	1	
68	10 LTS-RELOCATE-DIVERT	X	423	423	1	
69	10 LTS-SPC-PROJ-STATUS	XXX	424	426	3	
70	10 LTS-CNTY-FISC-RESP	XX	427	428	2	
71	10 LTS-COURT-ORD-PLCMNT	X	429	429	1	
72	10 LTS-FIN-ELIG-TYPE	X	430	430	1	
73	10 LTS-FIN-ELIG-IND	X	431	431	1	
74	10 LTS-SLOT-END-DT	GROUP	432	439	8	
75	15 LTS-SLOT-END-CCYY	X(4)	432	435	4	
76	15 LTS-SLOT-END-MM	XX	436	437	2	
77	15 LTS-SLOT-END-DD	XX	438	439	2	
78	10 LTS-SPC-CODE	XXX	440	442	3	
79	10 LTS-SPC-SUB-CODE	XX	443	444	2	
80	10 LTS-SPC-TARGET-GRP	XX	445	446	2	
81	10 LTS-TYPE-CODE	X	447	447	1	
82	10 LTS-FUNDING-SRC	XX	448	449	2	
83	10 FILLER	X(5)				REMOVED
84	10 LTS-SPC-DATES	GROUP	450	465	16	
85	15 LTS-SPC-START-DT	GROUP	450	457	8	
86	20 LTS-SPC-START-CCYY	X(4)	450	453	4	
87	20 LTS-SPC-START-MM	XX	454	455	2	
88	20 LTS-SPC-START-DD	XX	456	457	2	
89	15 LTS-SPC-END-DT	GROUP	458	465	8	
90	20 LTS-SPC-END-CCYY	X(4)	458	461	4	
91	20 LTS-SPC-END-MM	XX	462	463	2	
92	20 LTS-SPC-END-DD	XX	464	465	2	
93	10 LTS-PROVIDER-NUM	X(10)	466	475	10	

**LTS RECORD LAYOUT  
UPLOAD/DOWNLOAD HIPAA FORMAT**

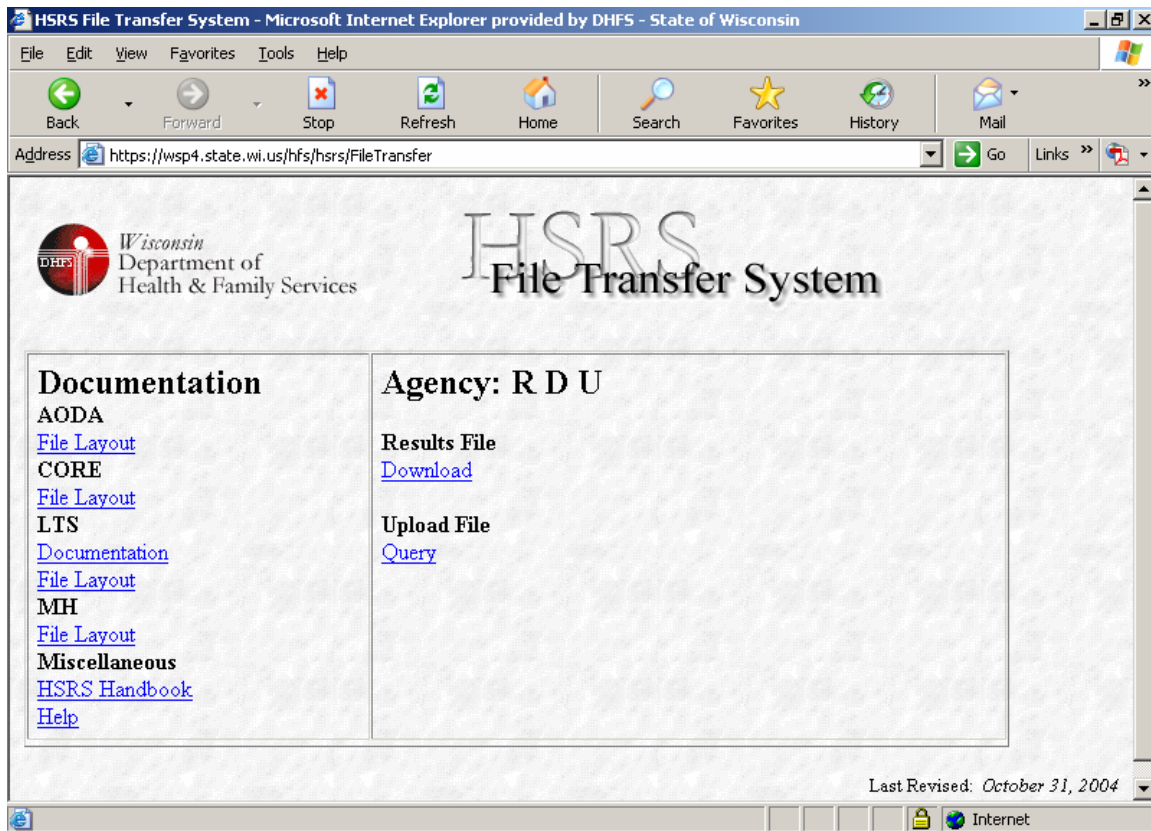
Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
94	10 LTS-NEXT-REV-DT	GROUP	476	483	8	
95	15 LTS-NEXT-REV-CCYY	X(4)	476	479	4	
96	15 LTS-NEXT-REV-MM	XX	480	481	2	
97	15 FILLER	XX	482	483	2	
98	10 LTS-UNITS	XXX	484	486	3	
99	10 LTS-UNITS-DEC	X	487	487	1	
100	10 LTS-COSTS-DOLLAR	X(6)	488	493	6	
101	10 LTS-COSTS-CENTS	XX	494	495	2	
102	10 LTS-DELIVERY-DT	GROUP	496	503	8	
103	15 LTS-DELIVERY-CCYY	X(4)	496	499	4	
104	15 LTS-DELIVERY-MM	XX	500	501	2	
105	15 FILLER	XX	502	503	2	
106	10 FILLER	X(15)				REMOVED
107	10 LTS-LOCAL-USE	X(75)	504	578	75	
108	2 LTS-ERR-MESSAGE-TEXT	GROUP	579	678	100	
109	3 LTS-ERR-MSG-OTHER	X(21)	579	599	21	DOWNLOAD ONLY
110	3 LTS-ERR-MSG-SCREEN	X(79)	600	678	79	DOWNLOAD ONLY

## HSRS APPLICATION MENU



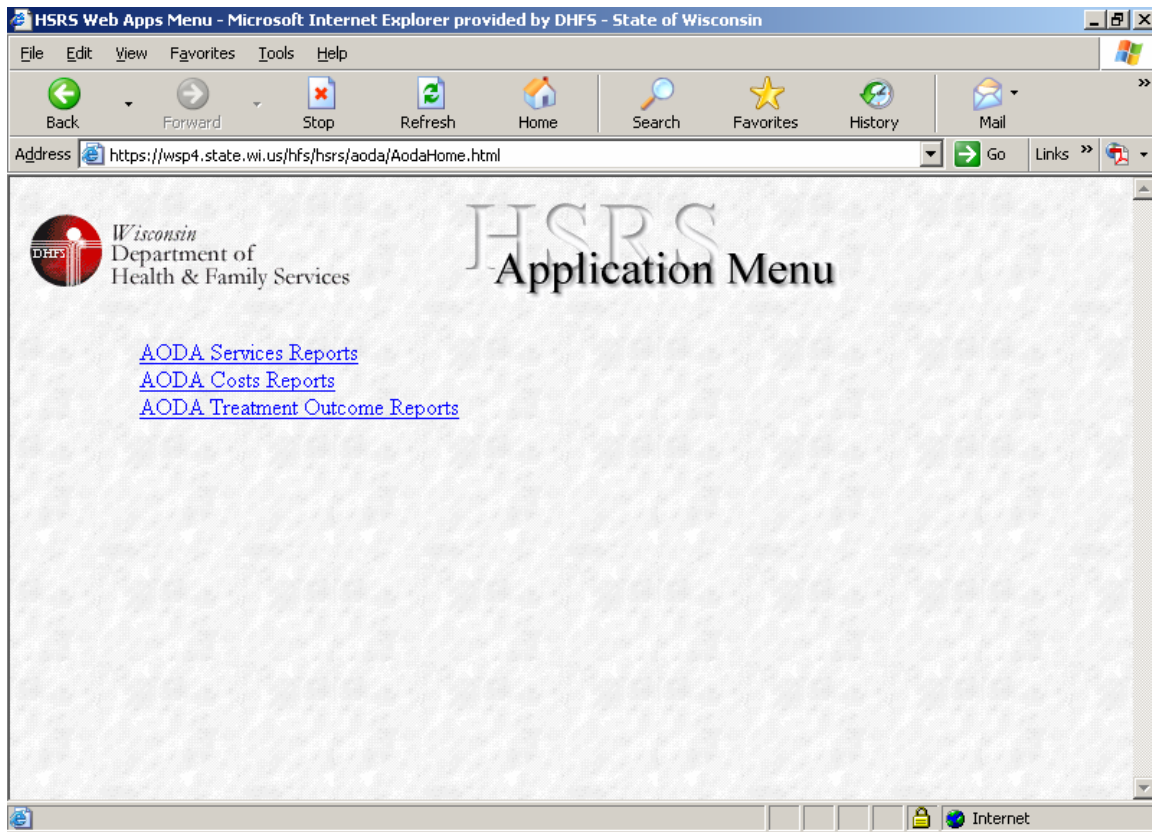
HSRS APPLICATION MENU – Lists the various web pages available to HSRS users.

## HSRS FILE TRANSFER SYSTEM



HSRS FILE TRANSFER SYSTEM (FTS) – The FTS allows counties that collect data on their local system to produce an extract file which is then uploaded to the State mainframe for processing. The following State business day a file showing the results may be downloaded. In addition to the upload and download functions, this screen also provides links to the file layouts for each module type available through FTS, as well as the HSRS Handbook.

## HSRS AODA APPLICATION MENU



HSRS AODA APPLICATIONS MENU – Allows users to generate on-demand reports for various AODA data elements

## AODA SERVICES REPORT

AODA Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail

Address <https://wsp4.state.wi.us/hfs/hsrs/AodaReport> Go Links

Wisconsin Department of Health & Family Services

HSRS AODA

[About AODA Reports](#)

### Service Utilization Report

Agency: ALL REPORTING UNITS

Year: 2006 Entire Year

Provider: All Providers

Service: 101 CHILD DAY CARE - CRISIS/RESPITE  
102 ADULT DAY CARE  
103 RESPITE CARE

Race/Ethnicity: All Groups

Gender: All

Age: From: To:

Primary Drug: All Drugs

Codependent/Collateral: All Clients

Impaired Driver: All Records

Query

Done Internet

### HSRS AODA SERVICE REPORTS

Contains by SPC/service:

- carried over prior to (year)
- carried over from (year)
- admissions (year)
- terminations (year)
- carried forward
- units of service (year)
- clients no units reported (year)
- clients units reported (year)

## AODA COSTS REPORTS

AODA Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail

Address <https://wsp4.state.wi.us/hfs/hsrs/CostsReport> Go Links

Wisconsin Department of Health & Family Services

HSRS AODA

[About AODA Reports](#)

### Service Cost Report

Agency: ALL REPORTING UNITS

Year: 2006

Service: 506 10 TRANSITIONAL RESIDENTIAL - HOSPITAL SETTING

Query

[Service Utilization Report](#)

[Treatment Outcome Reports](#)

v 3.0  
Rev. 09/06/2005

Done Internet

### HSRS AODA SERVICE COST REPORT

Contains by SPC/service:

- clients without units
- clients with units
- clients discharged
- total units
- average units for discharge
- expenses all sources
- estimated unit cost
- estimated client cost

## AODA TREATMENT OUTCOME REPORTS

The screenshot shows a web browser window titled "AODA Treatment Outcome Reports - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar displays "https://wsp4.state.wi.us/hfs/hsrs/OutcomeReport". The page header includes the Wisconsin Department of Health & Family Services logo and the "HSRS AODA" logo. A link for "About AODA Reports" is visible in the top right. The main heading is "AODA Treatment Outcome Reports". Below this, there is a form with various filters: Report (ABSTINENCE), Agency (ALL REPORTING UNITS), Year (2006, Entire Year), Provider (All Providers), Service (503 50 MEDICALLY MANAGED INPATIENT, 503 60 MEDICALLY MONITORED HOSPITAL TREATMENT, 503 70 MEDICALLY MONITORED CBRF TREATMENT), Race/Ethnicity (All Groups), Gender (All), Age (From: , To: ), Primary Drug (All Drugs), Codependent/Collateral (All Clients), and Impaired Driver (All Records). A "Query" button is located at the bottom right of the form. The browser's status bar at the bottom shows "Done" and "Internet".

AODA Treatment Outcome Reports

Report: ABSTINENCE

Agency: ALL REPORTING UNITS

Year: 2006 Entire Year

Provider: All Providers

Service: 503 50 MEDICALLY MANAGED INPATIENT  
503 60 MEDICALLY MONITORED HOSPITAL TREATMENT  
503 70 MEDICALLY MONITORED CBRF TREATMENT

Race/Ethnicity: All Groups

Gender: All

Age: From: To:

Primary Drug: All Drugs

Codependent/Collateral: All Clients

Impaired Driver: All Records

Query

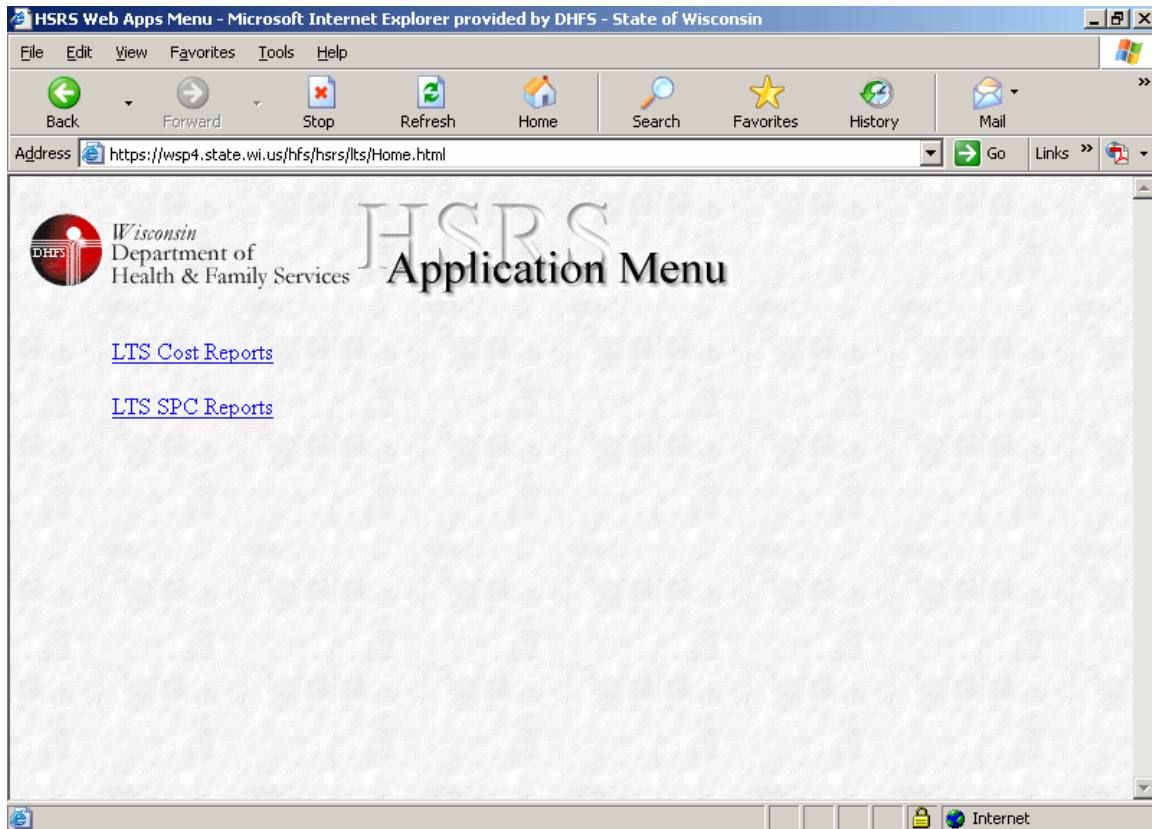
## HSRS AODA TREATMENT OUTCOME REPORTS

Contains by SPC/service:

- discharges
- missing data
- number completing with improvement
- percent completing with improvement



## LTS APPLICATION MENU



HSRS LTS APPLICATION MENU - Lists LTS cost and service reports available to HSRs users.

## LTS COST REPORTS

The screenshot shows a web browser window titled "LTS Cost Report Selection - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar displays "https://wsp4.state.wi.us/hfs/hsrs/LtsWaiverReport". The page header includes the Wisconsin Department of Health & Family Services logo and the "HSRS LTS" text. The main heading is "LTS Cost Report". Below this, there are three dropdown menus: "Year" (set to 2006), "Agency" (set to ALL REPORTING UNITS), and "Waiver" (with a list of options including NO LTS CODE, 1 CIP 1A, 2 CIP II, 3 COP - WAIVER, 4 CIP 1B, 6 BIW, 7 COP, 8 CIP 1B - LOCAL MATCH SLOT, B BIW - LOCALLY MATCH, and F CHILD'S AUTISM - DD). A "Query" button is located below the dropdowns. The status bar at the bottom shows "Done" and "Internet".

LTS Cost Report Selection - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail

Address <https://wsp4.state.wi.us/hfs/hsrs/LtsWaiverReport> Go Links

Wisconsin Department of Health & Family Services

HSRS LTS

LTS Cost Report

Year: 2006

Agency: ALL REPORTING UNITS

Waiver:

- NO LTS CODE
- 1 CIP 1A
- 2 CIP II
- 3 COP - WAIVER
- 4 CIP 1B
- 6 BIW
- 7 COP
- 8 CIP 1B - LOCAL MATCH SLOT
- B BIW - LOCALLY MATCH
- F CHILD'S AUTISM - DD

Query

Done Internet

## LTS COST REPORT

Contains by waiver program:

- unduplicated client counts
- costs
- days of service
- costs per day

## LTS SPC REPORTS

The screenshot shows a web browser window titled "LTS SPC Costs/Unit - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar shows the URL "https://wsp4.state.wi.us/hfs/hsrs/SpcWaiverReport". The page header includes the Wisconsin Department of Health & Family Services logo and the "HSRS LTS" logo. The main heading is "LTS SPC Report Costs/Unit". Below this, there are four dropdown menus: "Year" (set to 2006), "Agency" (set to ALL REPORTING UNITS), "Waiver" (with options: NO LTS CODE, 1 CIP 1A, 2 CIP II, 3 COP - WAIVER, 4 CIP 1B), and "SPC" (with option: ALL SPCs). A "Query" button is located at the bottom right of the form area. The browser's status bar at the bottom shows "Done" and "Internet".

## LTS SPC REPORT

Contains by SPC/service:

- unduplicated client counts
- costs
- days of service
- costs per day
- units
- costs per unit

## PROGRAM QUERY

The screenshot shows a web browser window titled "HSRS SPC Maintenance - Query - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar shows the URL "https://wsp4.state.wi.us/hfs/hsrs/SpcQuery". The page features the DHFS logo and the title "HSRS Program Query". Below the title, there is a "Query by Module" dropdown menu set to "All HSRS SPCs". To the right, there are two links: "Add HSRS SPC" and "Add HIPAA code". A table displays the following data:

Program	HIPAA	Translation	Description
<a href="#">A0080</a>	Yes	107 40	NON-EMERGENCY TRANSPORTATION/VOLUNTEERER VEHICLE
<a href="#">A0090</a>	Yes	107 40	NON-EMERGENCY TRANSPORTATION/BY VESTED INDIVIDUAL
<a href="#">A0100</a>	Yes	107 30	NON-EMERGENCY TRANSPORTATION/TAXI
<a href="#">A0130</a>	Yes	107 30	NON-EMERGENCY TRANSPORTATION/WHEELCHAIR VAN
<a href="#">A0160</a>	Yes	107 40	NON-EMERGENCY TRANSPORTATION -CASE/SOCIAL

The browser status bar at the bottom shows "Done" and "Internet".

HSRS PROGRAM QUERY – Allows all users to view SPC code descriptions, and HIPPA equivalents. Central office staff use this screen to update SPC data.

## 942 EXPENSE REPORTS

The screenshot shows a web browser window titled "HSRS 942 Expense Reporting - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar displays "https://wsp4.state.wi.us/hfs/hsrs/F942\_943". The page features the Wisconsin Department of Health & Family Services logo and the title "Human Services Reporting System Expense Report For Human Service Programs DDE-942". Below the title, there are four input fields: "Reporting Unit" (a dropdown menu showing "Report Status"), "Form ID" (a dropdown menu showing "942"), "Report Period" (a dropdown menu showing "January - December"), and "Report Year" (a text box containing "2005"). A "Display Form" button is located below these fields. The browser's status bar at the bottom shows "Done" and "Internet".

HSRS 942 Expense Reporting - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail

Address [https://wsp4.state.wi.us/hfs/hsrs/F942\\_943](https://wsp4.state.wi.us/hfs/hsrs/F942_943) Go Links

Wisconsin Department of Health & Family Services

Menu

### Human Services Reporting System

Expense Report  
For Human Service Programs  
DDE-942

**Reporting Unit**

**Form ID**

**Report Period**

**Report Year**

Done Internet

HSRS 942 EXPENSE REPORTS – Screen used by counties to report their 942 expense data on an annual basis. Also used by Central Office staff to view individual county data.

## WORKER DATA


The screenshot shows a web browser window titled "HSRS Worker Table - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar displays "https://wsp4.state.wi.us/hfs/hsrs/WorkerFile". The page content includes the Wisconsin Department of Health & Family Services logo and the title "Human Services Reporting System Worker Data". Below the title are input fields for "Worker Number:", "Last Name:", "First Name:", "MI:", "Suff:", and "Supvisr/Unit-Code:". A "Search" button is located below these fields. In the bottom left corner, the version "v 2.0" and revision "Rev. 07/07/2004" are noted. The browser's status bar at the bottom shows "Done" and "Internet".

HSRS Worker Table - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail

Address <https://wsp4.state.wi.us/hfs/hsrs/WorkerFile> Go Links

 Wisconsin Department of Health & Family Services

HSRS Menu

### Human Services Reporting System Worker Data

Worker Number:

Last Name:

First Name:  MI:  Suff:

Supvisr/Unit-Code:

v 2.0  
Rev. 07/07/2004

Done Internet

HSRS WORKER DATA – Used to inquire on worker data. All workers in a reporting unit can be found by entering the first five digits and an asterisk (\*).